ACKNOWLEDGEMENT OF RECEIPT

DEFENDANT: David Royse Ladd

DOCKET NUMBER: 89-CR-083-005-E

I hereby certify delivery of the above styled Sentencing Memorandum to the U. S. Attorney's Office this date.

RECEIVED AUG 0 9 1993 U. S. ATTORNEY N. D. OKLAHOMA

P 245 304 259 Ladd

T_{TM}

Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

	Mrs. John Dowdell atter	<u>ل</u> .
	2900 Mid-Continent Louis	ev
	Julow OX 74103	
	Postage \$	
Ī	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
991	Return Receipt Showing to Whom & Date Delivered	
PS Form 3800 , June 1991	Return Receipt Shorting to Whorting Date, and Addressed Address	
ار (TOTAL Politique & Fees \$	
380	Postmerk of Date O	
E	1993	
S Fo	USPS	
σ.		1

P 245 304 260 Ladd



Receipt for Certified Mail

No Insurance Coverage Provided Do not use for International Mail (See Reverse)

	Sent to David R. Ladd Street and No.	Ojohn Dowdel
	Street and No. 2900 Mid Contin P.Q., State and ZIP Code	ent Jover
	Jules, OK 74 Postage	
	Certified Fee	\$
	Special Delivery Fee	a
	Restricted Delivery Fee	
199	Return Receipt Showing to Whom & Date Delivered Return Receipt Showing to Whom,	Ru
, June	Date, and a case 's Address	^
800	ostmark A Vale	\$
PS Form 3800, June 1991	1993	
PS F	USPS	
-		

SENDER: • Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so return this card to you. • Attach this form to the front of the mailpiece, or on the back does not permit. • Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.	ck if space 1. Addressee's Address article number. d and the date 2. Restricted Delivery
3. Article Addressed to: David R. Ladd Go John Dowdell 2900 Mid -Continent Jower Julsa, OK 74103 5. Signature (Addressee)	Consult postmaster for fee. 4a. Article Number P 2 +5 3 0 + 2 60 4b. Service Type Registered Insured Cortified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery 8 - 10 - 93
6. Signature (Agent) PS Form 3811, December 1991 *U.S. GPO: 1992—323-	8. Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT

I also wish to receive the following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery Consult postmaster for fee.
4a. Article Number P 2 45 304 259 4b. Service Type ☐ Registered ☐ Insured ☐ COD ☐ Express Mail ☐ Return Receipt for Merchandise
7. Date of Delivery 8-10-93
Addressee's Address (Only if requested and fee is paid) DOMESTIC RETURN RECEIPT 23-402

UNITED STATES DISTRICT COURT F I L E D

	NORTHERN	DISTRIC	LOF	OKLA	HOMA	MIG 16 19	93
			,	1 1993	Richard U.S. NORTHE	i M. Lawrenc DISTRICT C RN DISTRICT OF 0	e, Clerk Ourt Klahoma
a		Richard U.	I M. Leuren S. DISTILLO	ice, Court C 77 COLLES	Maste Section		
UNITED STATES VS	OF AMERICA Plaintiff)	Case N	lumber:	89-CR-083-	-005-E	
DAVID R. LADD	Defendant)		1 11	C A B B	17 A9:	
				owdell ey for D	efendant	24	VHSU

ORDER REVOKING PROBATION AND SENTENCE

Heretofore on the 15th day of May, 1990, the defendant was sentenced to a five year term of Probation after pleading guilty to Conspiracy to Manufacture and Distribute Methamphetamine, Title 21, U.S.C., Section 846, and 841(a)(1). This was a downward departure from the guideline range of 97 to 121 months, based on a motion by the Government recommending a downward departure based on the defendant's substantial cooperation with the Government, pursuant to Section 5K1.1 of the U. S. Sentencing Guidelines.

This matter came on for a Show Cause Hearing on Probation Revocation on July 26, 1993, at which time the defense stipulated to the evidence presented by Senior U. S. Probation Officer, Robert E. Boston, which included approximately 23 laboratory reports

Is a true copy of the original on the in this Court.

Richard M. Lawrence, Clerk
BM-Callanaf

that urine specimens submitted by the defendant were positive for use of Marijuana.

The matter was set for disposition on August 16, 1993, at which time the Court found the defendant in violation of the conditions of probation by Possession of Controlled Substance as evidence by the positive laboratory reports.

It is the Order of the Court that Probation is revoked and the defendant is committed to the custody of the Bureau of Prisons for a term of four (4) months. This sentence is a downward departure from the revocation guideline range, as determined by the Court to be twenty months, based on the original motion by the Government that the defendant be sentenced to a term below the established guideline range. recommendation of the Court that the defendant be designated to a facility capable of dealing with his medical problems and his history of substance abuse.

Chief U. S. District Judge

Reviewed and Approved:

Phleubant delivered on 9-20-93 to FCI Morgantown, w.V.

Dennis R. Bidwell, Warden
By: a. Johnston, Ut.

lleg. 16,1993

MINUTE SHEET - SENTENCING

CASE NO. 89-CR-83-05
DATE 8-16-93 USA V. David Rome Ladd
JUDGE Pluson DEPUTY Smith REPORTER G. Strough RECORDER
Counsel for Plaintiff: Jack Margan
Counsel for Plaintiff: Jack Margan Counsel for Defendant: John Lowdell
Sentence re Guidelines; w/in same; Departure; Upward/Downward, Findings madeDefendant and counsel asked if they care to say anything before sentence is pronounced, and
no cause to the contrary being shown: (BOP/PROB/Supv Rel./Fine/SMA/Restitution/Conditions.)
SENTENCE:
BOP 4 mas (a instit w/medical treatment ?
BOP 4 mas. (a instit w/medical treatment? Dubstance abuse program, Probation is sevoked. Court arders that A have all medical support whom is sequired at Julsa County Jail.
is required at Julsa County Jail.
Costs
Ct(s) Dismissed in open Court.
Defendant advised of right to appeal;Defendant gives oral notice of appeal.
Bond exoneratedAppeal bond set: Findings made.
Defendant self surrender to designated institution: Findings made.
U.S. Marshal to advise of designated institution.
Remanded to custody of U.S. MarshalADDITIONAL MINUTES:
ADDITIONAL MINUTES

JNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

GENERAL MINUTE SHEET

7180			
<u>UDU</u>		Case No. 89-6	CR-83-05-E
Plaintiff			Tha: Rev.
David Come Lan	dd	Probation	0 ,
Defendant		Date 730-43	
Judge Ellison	Clerk C smith		orter G Dorrough
		1.52	or ser d borrough
Plaintiff Attorneys Jack	Morgan		
Defendant Attorneys	Dovdell		
MIN: Court Setske	ande fin	dery of J	resession
hig Could to a	ugust 16,	1993, 1:0	o P.m.
Of to be prepared	to addre	is issue	7 Janeaux
Court mette	Bond to	\$25,000=	Per
unsecured.		700	
	¥	1.000	
		The second secon	
2		^/	4
5			
		/2	
			_
		,	
y .			
	:		
		1	

0.35-11:05

UNITED STATES DISTRICT COUR... NORTHERN DISTRICT OF OKLAHOMA

GENERAL MINUTE SHEET

Usa	
Plaintiff	Case No. 89-CR-83-05
David Royn Ladd	Type of Hrg. tha Rev. Prot.
Defendant	Date 7.26.93
Judge Ellison Clerk C Sm	Reporter G Dorrough
Plaintiff Attorneys Jack Morga	\mathcal{N}
Defendant Attorneys John Dow-de	ll
MIN: Protation of or hi quests he in favor of Dulestance abuse to research for institution to Court to reconvene in 130-9	
in favor of Dulestance abuse	gragiam. Probation Her.
to research for institution to	Actensively treat A.
Court to reconvener in 730-9	3, 3:00. Probation to have
report as to treatment withen	Bureau of Risons as
bell	
	1

CJA 24 (Rev. 11/88) AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT						VOUCHER NO.
1. JURISDICTION 1 MAGISTRATE 2 DISTRICT 2. MAG. DOCKET NO.						PAIR#48946
3. DISTRICT DOCKETING NO. 89-CR-083-05-E 4. APPEALS DOCKET NO. 5. FOR (DISTRICT/CIRCUIT) N.D. of 0k1ahoma						ACCTG CLASS NOS. RM LAWRENCE, CLK OKND 4662
	d States	vs.	. David R	oyse Ladd		UII 99 1002
7. PERSON REPR	DATE PAIDUL & # 1993					
9. PROCEEDINGS	NEVOCATION HE	TO BE USED (DESC ITTING TO DE T	RIBE BRIEFLY)	26, 1993		
NOTE: Trial tran prosecution reb	S TO BE TRANSCRIBED (D scripts are not to include prose uttal, voir dire or jury instruction Revocation Hea	cution opening statemer ns, unless specifically au	nt, defense opening uthorized by the Cou	irt (see Box 13C).	ment, defense argument,	
11. ATTORNEY'S As the attorney transcript reque	STATEMENT for the person represented who sted is necessary for adequate obtain the transcript services a justice Act.	is named above, I hereb representation. I therefor t the expense of the Uni	y affirm that the re request led States pursuant 7/16/93	12. COURT ORDER Financial inability of satisfaction, the auth	the person represented have orization requested in Item	ring been established to the Court's 11 is hereby granted.
ATTORNEY'S 1 □ FPD	TELEPHONE NO. 918 5	583-7571 IEL ATTORNEY				1/19/93
The second second	ED ATTORNEY 5 D P	RO SE				DATE
13. SPECIAL AUT	HORIZATIONS		STATE OF THE STATE			14. JUDGE'S INITIALS
A. Apportion	on %	6 of transcript wi	th			14. A.
В. 🖾 Ехре	edited □ Daily	☐ Hourly	Transcript		person and the second	14. B.
☐ Defe	ecution Opening Statense Opening Stateme	ent Defens	se Argument	□ Voir Dire	ecution Rebuttal Day Instruction	14. C
	celerated transcript s					Basic Marie Court, D.
			CLAIM FO	R SERVICES		
15. COURT REPO Official 16. FULL NAME (⊔s □ Transcriber	□ Other	18. PAYEE'S ADDRES	S (INCLUDE CITY, STATE St., Room 45: 74103	E AND ZIP CODE)
	RITY OR EMPLOYER ID. NO	O. OF PAYEE		19. TELEPHONE NO.		
461-64-4		NO OF BUCES	DATE	AREA CODE () NUMBER	
A. Original	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PA		DED. AMT. APPOR	The state of the s
	1-42	42	\$ 3.00	\$ 126.00	\$	\$ 126.00
В. Сору	pan .	DITATES -	\$	\$	\$	\$
C. Expenses (tomizol.	THE RESIDENCE OF THE PARTY OF T	G ORG SCJAF D	COST ORG	BOC AMOU	months and a second
21. CLAIMANT'S I hereby certify to		d that I have not claimed	or received payment	22. CERTIFICATION O	F ATTORNEY OR CLER he transcript was received.	K 23. TOTAL CLAIMED
CLAIMANTS	On R. Don CERTIFICATION	rough.	7-19-93			Listis
24.		DA	1	SIGNATURE OF AT	TTORNEY/CLERK OF CO	The state of the s
FOR PAYM	ENT -	Jane	w De	Elleri	7/19	25. AMT. APPROVED
	SIGNATURE OF	PRESIDING JUDICIA	L OFFICER		DATE	7 7 5 \$ 126.00

UNITED STATES PROBATION OFFICE MEMORANDUM

DATE:

May 25, 1993

REPLY TO ATTN OF:

Robert E. Boston

Senior U. S. Probation Officer

P.O. Box 1287

Tulsa, Oklahoma 74101-1287

SUBJECT:

David R. Ladd

Case No. 89-CR-83-05

TO:

The Honorable Jeffrey Wolfe

U.S. Magistrate Judge

Your Honor:

Mr. Ladd is to appear June 11, 1993, before The Honorable James Ellison for a Probation Revocation Hearing. This appearance comes by way of a Summons. Mr. Ladd resides in Akron, Ohio and has made arrangements to report to this probation officer on June, 1, 1993. He is indigent and has requested appointment of counsel.

Attached is a Financial Affidavit signed by the defendant. It is respectfully requested that Your Honor appoint counsel to represent Mr. Ladd.

Respectfully submitted,

Robert E. Boston

Senior U. S. Probation Officer

Hntteo	States	Bistrict	Cour	THE
Northern		CT OF		MAY O O MAG
×			Rich	ard M. Lawrence, Court Cle
UNITED STATES OF AMERIC	CA	SUMMONS	Ϋ´.	STITICI COURT
V.		SUMMONS	IN A CAIN	III AL CASE
David Royse Ladd		CASE NUMBER:	<u> -</u>	00
1714 Maple Ave. N. E. Canton OH 44705			<u>S</u>	89-CR-083-005-E
Carreon on 44703			> .	%
(Name and Address of Defendant))		•	RSHAL
				1-
YOU ARE HEREBY SUMMONED	to annear before ti	ne United States Dis	strict Court at	the place date and
time set forth below.	to appear before th	ic office office bit	striot Godit at	the place, date and
Place U. S. Court House and Pos	st Office		Ro	om
333 W. 4th St. Tulsa Oklahoma			c	ourt Room #1
			Da	le and Time Line 11,1943, 2:30 P. 1
Before: Honorable James O. El	.lison, Chief	U. S. Distric	t Judge	ine 191115,2
Charging you with a violation of Title	e18Ur	nited States Code, S		on Violation Petition (a) (2)
Brief description of offense: See	attached Peti	tion		2.71
				8
				NORTHERN ONIO
	es.			
				10 10 10 10 10 10 10 10 10 10 10 10 10 10 10
				w m
			Draw and a second secon	
Benney Mc hellon	ah	5/5	193	
Signature of Issuing Officer	1	Date): E
Deputy Clerk			e constant	
Name and fitle of Issuing Officer				9997

AO 83 (Rev. 12/85) Summons in a Criminal Case	
RETURN	OF SERVICE
Service was made by me on:1	Date 4 14, 1993
Check one box below to indica	ate appropriate method of service
☐ Served personally upon the defendant at: ☐ Left summons at the defendant's dwelling house of discretion then residing therein and mailed a copy	or usual place of abode with a person of suitable age and of the summons to the defendant's last known address. Jackie LAdd-Wife of David LAdd 1714 Maple Ave Cawtow, Chie 44705
I declare under penalty of perjury under the law information contained in the Return of Service is true Returned on May 14, 1993	ws of the United States of America that the foregoing and correct. Albert Z. Moore. Name of United States Marshal (by) Deputy United States Marshal
Remarks:	gue.
	் இந்து இருந்து இருந்த இருந்து

United States District Court

Northern	DISTRICT OF	Oklahoma
UNITED STATES OF AMERICA V.	SUMMONS	S IN A CRIMINAL CASE
David Royse Ladd 1714 Maple Ave. N. E. Canton OH 44705	CASE NUMBER:	89-CR-083-005-
(Name and Address of Defendant)		
YOU ARE HEREBY SUMMONED to a time set forth below.	ppear before the United States Di	strict Court at the place, date and
Place U. S. Court House and Post O 333 W. 4th St. Tulsa Oklahoma		Room Court Room #1 Date and Time
Before: Honorable James O. Ellis	on, Chief U. S. Distric	Judge June 11,1993, 2:30 P.
*	complaint	
Brief description of offense: See att	ached Retation	
Bluely Mc Aclangh Signature of Issuing Officer	Date 5/5	193
Name and fittle of Issuing Officer		

CJA 21 (anti-1/88) AUTHORIZATION AND VOUCHE			
1. JURISDICTION 1 MAGISTRATE 2 DISTRICT	2. MAG. DOCKET NO.	VOUCHER NO.	L21153
3. DISTRICT DOCKET NO. 4. APPEALS DOCKET NO. 99-CR-83-(05)-E	5. FOR (DISTRICT/CIRCUIT) N.D. Oklahoma	6. LOC. CODE OKNTU	7. CASE CODE PR
7A CHARGE/OFFENSE (U.S. or other code citation) Probation violation		David Royse	- COPPED
9. PERSON REPRESENTED (FULL NAME) David Royse Ladd	11. PROCEEDINGS FOR WHICH SEI (DESCRIBE BRIEFLY)	RVICES TE REQU	F E
10. PERSON REPRESENTED (STATUS) 1. DEFENDANT — ADULT 3 APPELLANT 5 OTHER 2 DEFENDANT — JUVENILE 4 APPELLEE	Hearing - Revocation	of Parole	9 - 1992
12. TYPE OF SERVICES REQUESTED 1 INVESTIGATOR 5 POLYGRAPH 2 INTERPRETER 6 DOCUMENTS 3 PSYCHOLOGIST 7 FINGERPRINT 4 PSYCHIATRIST 8 ACCOUNTANT	13. SERVICES TO BE PROVIDED BY Samuel J. Sherman, Ph CHILDREN®S MEDICAL CI 5300 East Skelly Driv Tulsa, OK 74135	ENTER WUKINEAR	IN ACCUMENTATION, INSTRUCT COLDISTRICT OF OKLAN
14. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES. Use additional psychologist see instructions for item 14.)	tional sheets if necessary. (If requesting ps	ychiatrist or	1
See attached Exhibit A	The returning companies than		
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, whereby affirm that the services requested are necessary for adequate representation. I hereby request Authorization to obtain the service or		.00 (\$95.00/h	
Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note: Prior authorization should be obtained for services in excess of \$300)	17. COURT ORDER Financial eligibility of the person to the court's satisfaction, the aut hereby granted.	represented having be horization requested	en established in item 15 is
SIGNATURE OF ATTORNEY TELEPHONE NO. (918) 583-7571	SIGNATURE OF PRESIDING	Clerin	€ 5/8/98 DATE
1 For 2 PANEL ATTORNEY 3 PRETAINED ATTY. 4 PRO-SI			
	FOR SERVICE	A. TOTAL COMPE	NCATION
 ITEMIZATION OF SERVICES RENDERED AND EXPENSES INCURING Services and basis of compensation claimed. Attach receipts for expenses necessary.) 	incurred. Use additional sheets if	\$ 1,290.0	
	the state of	B. TOTAL EXPEN	ŚĘS
See attached Exhibit "B"	,	c. TOTAL AMOUN	
19. CLAMANT'S CERTIFICATION FOR PERIOD 5-12-92 TO	2-17-92 20. CERTIFICATION C	\$ 1,290.0	0
F NAL PAYMENT I INTERIM PAYMENT NO. I hereby certify that the above claim is correct and that I have NOT claim received payment from any other source for the services rendered and clauder.	I hereby certify that	these services were r	endered.
Samel Shew Ph. D	7/27/9 ATTORNEY'S SIGN	ATURE LAS	DATE
APPROVED 21(a). Either the cost of these services does not exceed \$300, or prior autho	FOR PAYMENT	+	
21(a). Either the cost of these services does not exceed \$300, or prior autho	rization was obtained. 95//		
e de	1 -1 81	22. AMOUNT APP	BANK ST. FOR
SIGNATURE OF PRESIDING JUDICIAL OFFICER DATE	1/15/91 1,290.00	22. AMOUNT APP A. COMPENSA	BANGE FOR
SIGNATURE OF PRESIDING JUDICIAL OFFICER DATE 21 (b). Prior authorization was not obtained, but in the interest of justice the of these necessary services could not await prior authorization, even to	JUDGE/MAS. CODE e court finds that timely procurement hough the cost exceeds: \$300.	A. COMPENSA \$ B. EXPENSES	BANK ST. FOR
		A. COMPENSA \$ B. EXPENSES \$	TION
21(b). Prior authorization was not obtained, but in the interest of justice the of these necessary services could not await prior authorization, even to support the services of president authorization of these necessary services could not await prior authorization, even to support the services are produced by the services procured in accordance with Federal public defender general public general public defender general public general public general public general public general pub	e court finds that timely procurement hough the cost exceeds \$300.	A. COMPENSA \$ B. EXPENSES \$ C.TOTAL AME	TION
21(b). Prior authorization was not obtained, but in the interest of justice the of these necessary services could not await prior authorization, even to signature of PRESIDING JUDICIAL OFFICER DATE 21(c). Services procured in accordance with Federal public defender general SIGNATURE OF FEDERAL PUBLIC DEFENDER	e court finds that timely procurement hough the cost exceeds \$300.	A. COMPENSA \$ B. EXPENSES \$ C.TOTAL AMC CERTIFIED \$ 1290	SUNT APPROVE
21(b). Prior authorization was not obtained, but in the interest of justice the of these necessary services could not await prior authorization, even to signature of president judicial officer. 21(c). Services procured in accordance with Federal public defender general signature of Federal public Defender. 23. Excess payment approved under 18 U.S.C. 3006A(e)(3)	be court finds that timely procurement hough the cost exceeds \$300. JUDGE/MAG. CODE budget authority.	A. COMPENSA \$ B. EXPENSES \$ C.TOTAL AMC CERTIFIED \$ 12 90	SUNT APPROVI
SIGNATURE OF FEDERAL PUBLIC DEFENDER 23. Excess payment approved under 18 U.S.C. 3006A(e)(3) SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)	budget authority. DATE Court finds that timely procurement hough the cost exceeds \$300. JUDGE/MAS. CODE DATE	A. COMPENSA \$ B. EXPENSES \$ C. TOTAL AMO CERTIFIED \$ / 2 90	SUNT APPROVE
21(b). Prior authorization was not obtained, but in the interest of justice the of these necessary services could not await prior authorization, even to support the prior authorization, even the prior authorization au	be court finds that timely procurement hough the cost exceeds \$300. JUDGE/MAG. CODE budget authority.	A. COMPENSA \$ B. EXPENSES \$ C. TOTAL AMC CERTIFIED \$ / 2 90 24. TOTAL APPRO \$ 3 90.0000000000000000000000000000000000	SUNT APPROVE

Programme

EXHIBIT A

A psychological evaluation will be conducted by Dr. Sherman. A focus of Dr. Sherman's evaluation will be to determine whether Mr. Ladd is addicted, in any way, to the use of marijuana. A series of written tests will be administered, among other things. Dr. Sherman has extensive experience in this field. These services are believed justified by the defense because the Probation Department is seeking to revoke his parole because of the defendant's use of marijuana -- in violation of the terms of his parole. The defense would like to explore the degree of control which Mr. Ladd may (or may not) have over his parole violations, and means which may exist to help the defendant, if appropriate.

SAMUEL J. SHERMAN, PH.D. Clinical Psychologist 3742 E. 59th Pl. Tulsa, OK 74135

June 17, 1992

In initially estimating the costs of providing the Psychological Evaluation of David Ladd, I was of the belief that Mr. Ladd's case would be relatively clearcut. At my first meeting with Mr. Ladd, I became aware of his previous hospitalization and treatment for substance abuse. The time spent in reviewing these additional records, re-interviewing Mr. Ladd following my receipt of the records, integrating these findings and discussing these with Mr. Dowdell resulted in a portion of the increase over my original estimate.

The second portion of the increase was due to Mr. Boston's request for a written report concerning my findings to aid the Probation Department in Mr. Ladd's transition to Freedom House.

> I Seun Ph.D. Samuel J. Sherman, Ph.D.

Clinical Psychologist

SAMUEL J. SHERMAN, PH.D. Clinical Psychologist 3742 E. 59th Pl. Tulsa, OK 74135

June 17, 1992

INVOICE

RE: LADD, David Evaluation

FOR PROFESSIONAL SERVICES RENDERED:

May 12, 1992	Clinical Interview (\$95.00/hour) Review of Prior Proceedings Psychological Testing	1 1/2 1	hrs. hr.	\$ 142.50 95.00
	(Minnesota Multiphasic Personality In (Millon Clinical Multiaxial Inventory		y-2)	75.00 75.00
June 3, 1992	Review of Records of Prior Treatment	1	hr.	95.00
June 4, 1992	Court Preparation Clinical Interview	2	hrs. hr.	190.00 95.00
June 16, 1992	Court Preparation and Testimony	4	hrs.	380.00
June 17, 1992	Transition Services and Report TOTAL	1 1/2	hrs.	142.50 \$1,290.00

UNITED STATES COURT OF APPEALS

TENTH CIRCUIT
UNITED STATES COURTHOUSE
DENVER, COLORADO 80294

JOHN P. MOORE CIRCUIT JUDGE

August 4, 1992

Honorable James O. Ellison, Chief Judge United States District Court Northern District of Oklahoma Room 4-500 U. S. Courthouse Tulsa, OK 74103

RE: No. 89-CR-83-05-E - David Royse Ladd CJA Voucher No. 0121153

Dear Judge Ellison:

I am returning the above voucher with my approval in the amount of \$1,290.00, in accordance with the recommendation set forth in your letter of July 30, 1992.

After you have completed Items 22.A., B. and C., the voucher can then be processed for payment.

Very truly yours,

John P. Moore

JPM:gmz Encl. United States District Court

Northern District of Oklahoma 333 West Jourth, Room 4-472 Jederal Building Tulsa, Oklahoma 74103

(918) 581-7981 (FTS) 736-7981

July 30, 1992

Honorable John P. Moore United States Circuit Judge Attention: Gloria Zimmerman C-438 U.S. Courthouse Denver, Colorado 80294

Re: Case No. 89-CR-83-05-E - USA V. DAVID ROYSE LADD

CJA Voucher No. 0121153

Dear Judge Moore:

James (B. Ellison

Chief Judge

Enclosed is CJA Voucher No. 0121153 representing charges for the services of Dr. Samuel J. Sherman in the captioned matter.

I request approval of the captioned voucher because the analysis and opinion of Dr. Sherman was of great assistance to the Court in arriving at an appropriate action in Mr. Ladd's case. I certify to you that the charges are reasonable and necessary to the defense of the case.

Very truly yours,

James O. Ellison, Chief Judge United States District Court

JOE: bjh

Enclosure

1 D MAG. 2 CKDIST. 4 D 4 A PPEALS DOCKET NO. B. IN THE CASE OF United States			2, MAG. DOCKE		3. DIST. CT.	KET NO.	VOWCHEF		
A. APPEALS DOCKET NO.			- 130 A 15 A		89-CR-83	_(05)_E	1	n	11070
		STRICT/CIRCUIT)	6. LOC. CODE	S. S. C. 1986.	7. CHARGE/OFF	ENSE (US o	r other code	citation)	17A CASE CODE
		OKLAHOMA			Tr. G. B. H. GE, GIT	LIVOL (0.0. 0	ounci code	Citation,	
	I M.D.	OKLAHONA	OKNT		 REPRESENTED (FU	II L NIALITY			PR
		Ladd							9A. NO. 1 REPRES.
O. PERSON REPRESENTED (STAT	VS	Lauu			vid Royce				1
1 DEFENDANT-ADULT	3 🗆 APPE	ELLANT 5 🛱 OTHE	ED.	11. PROCEE	DINGS (Describe bi	riefly)			
2 DEFENDANT-JUVENILE	4 D APPE		-n						
12. PAYMENT CATEGORY				1	- ALL PR	OCEEDIN	GS -		
		NSE E A OTHER		1	Proles	A) Z.		Tion
B MISDEMEANOR D A	PPEAL	probation	violation		170000		1.50		
13. COURT ORDER	☐ Subs. for I	ED		14. [FULL NAME OF AT	TORNEY/PAY	EE (First Na	me, M.I., Las	t Name,
The same of the same of		Retained Atty.			ncluding Suffix) AN		DDRESS		
P Subs. for Panel Atty					John Dowde	11			0 1
	N	lame of prior panel atto			2 9 00 Mid-C	ontinen	t Tower	:,401	So Bost
Appt. Date3/30/92	,	Voucher No. 061	L0704		Tulsa, OK	74103			
		rodono 140.		15. \	WORK PHONE	16A. Does	the attorney	have the n	reexisting agree-
Because the above-named "person	n ronrocenter	d" boo tootified and a	-11			ment	(see Instruct	tions) with a	corporation,
otherwise satisfied this court that I	he or she (1)	is financially unable to	employ counsel	918/	583-7571		ding a profes ′es □ No	sional corpo	ration?
and (2) does not wish to waive couthe attorney whose name appears	unsel, and be	cause the interests of	justice so require	16B.	SOCIAL SECURIT			PLOYER I.D.	NO
this case.	minemi 14 IS	appointed to represent	t trils person in		(Only provide per				er instructions)
. ():	-0	Sh.		160	NAME AND MAILI	MC ADDDECC			30
Jenus	el	elen			(Only provide per i		OI LAW FIF	1141	
Sig. of Prositing Judicial Officer	r or By Order	of Court (Clerk/Depu	ty) 8-9-0	71	NORMAN & W	OHLGEM	TH		
		3	Llist	. /	2900 Mid-C	ontiner	it Towe	r	
March 30, 1992		. 93	439	3	Tulsa, OK	74103	3		
Date of Order			o func Date			- T	Til '	D	
-		CLAIR	M FOR SERVI	CES OR EX	PENSES		Ľ.	D	
SE	RVICE		HOU	RS	D	ATES	1		ate per hour
7. a. Arraignment and/or Plea						0 = D A	1002/	times total	I hours to
b. Bail and Detention Hearings						SEP 9	1992	ophpensa	ation.
c. Motions Hearings						A 10 (40) . 10 (40)		Teek	l below
d. Trial					Rich	ard M. La	CT COU	FI TA TOTA	AI IN
d. Trial e. Sentence Hearings					900	ard M. Lav S. DISTR THERN DISTRI	TOF OKLAH	MA COU	RT COMP.
f. Revocation Hearings			1.	5 6	/16/92	HERN STORM		4	
g. Appeals Court			1.	3 0	/10/92			4	
h. Other (Specify on additional s	abaata\							4	
		·						-	
O TOTAL PROPERTY OF THE PARTY O	660) TOTAL HOURS =	1.		(0./01	77 700			.00
a. Interviews and conferences			14.	The state of the s	6/9/91 - 6/	16/92			ite per hour I hours. Enter
b. Obtaining and reviewing record. c. Legal research and brief writing			2.					total "out of	
			16.	£, _;	11	11		compensa	ation below.
d. Travel time (Specify on addition	onal sheets)								L OUT OF
e. Investigative and other work ((Specify on a	dditional sheets)	9.	50	11	11		COU	RT COMP.
(Rate per hour = \$4	0) TOTAL HOURS =	42.5	9.0				s 1,	716300
9. TRAVEL, LODGING, MEA		AMOUNT		OTHER EXP	ENSES	AM	OUNT	Ψ	L TRAVEL EXP.
			Copyin			\$ 18		1	
		1	Toll C				.44	\$ 19B TOTA	L OTHER EXP.
		17.	Other	allo			3.16		
			Julet			-	, . TO	1 4	.15
		1						20. GRANI CLAIM	J TOTAL ED
		 							
1 CEPTEICATION OF ATTORNEY	/DAV/55 ===	PEDIOS	0/17/11			47.00	-	\$11986	35132
1. CERTIFICATION OF ATTORNEY					то_	6/16/9		かる基定が数多。気	A. 100
Final Payment I Interim Pa yes, were you paid? YES I oney to you, or to your knowledge	yment No	Has compo	ensation and/or rei	imbursement fo	work in this case	previously be	en applied fo	r? DIES	D NO
ves, were you pain? New YES 11	NO If yes,	by whom were you pai	CUA	_ How much?	\$2336.44 H	as the person	represented	paid any	\
oney to you or to your knowledge		e, in connection with t	ne matter for which	n you were app	pointed to provide re	epresentation'	? C YES	110	to the same of
		bove statements		S. X	Year 10/1	13 7		6.1	4.97
yes, give details on additional sheet		The state of the s	MATURE OF ATT	TORNEY/PAYE	and the	2.5	1 (-1)	DATE	0:16
yes, give details on additional sheet		0.	,			4		DHIE	
yes, give details on additional shees swear or affirm the truth or corrects 22. IN COURT COMP.	*	OF COURT COMP	24. TRAVEL	EXPENSE	25 OTL	REYDENCE	9	Ige TOT	LANG
yes, give details on additional shees swear or affirm the truth or corrects 22. IN COURT COMP.	*	OF COURT COMP	24. TRAVEL	EXPENSE	25. OTHE	REXPENSE	S	26. TOTA	L AMT.
yes, give details on additional shees swear or affirm the truth or corrects 22. IN COURT COMP.	23. OUT	OF COURT COMP	24. TRAVEL \$	EXPENSE	\$ 3	7/15	S	\$ /	SOVED/CERT.
yes, give details on additional shees swear or affirm the truth or corrects 22. IN COURT COMP.	23. OUT	OF COURT COMP	\$ \$	EXPENSE	25. OTHE \$ 3		S 160		OVED/CERT. SGE/E
yes, give details on additional shees swear or affirm the truth or corrects 22. IN COURT COMP. \$ 27. SIGNATURE OF PRESIDING	23. OUT \$ JUDICIAL C	OF COURT COMP/ 1/6 OFFICER OFFICER OFFICER	\$	EXPENSE	\$ 3		5/68	\$ PPR	ROYED/CERT. SGE/E
yes, give details on additional sheeswear or affirm the truth or corrections.	23. OUT \$ JUDICIAL C	OF COURT COMP	\$		\$ 3		5/68	27 JUD COL	ROVED/CERTI. 865-/8 DE- 85//

NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW
2900 MID-CONTINENT TOWER
TULSA, OKLAHOMA 74103

CHARLES E. NORMAN JOEL L. WOHLGEMUTH R. JAY CHANDLER JOHN E. DOWDELL THOMAS M. LADNER WESLEY G. CASEY WILLIAM W. O'CONNOR

(918) 583-7571 TELECOPIER (918) 584-7846

June 29, 1992

The Honorable James O. Ellison Chief Judge 4-500 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

Re: <u>United States of America v. David Royse Ladd</u>, United States District Court for the Northern District of Oklahoma, No. 89-CR-83-(05)-E

Dear Judge Ellison:

The Federal Public Defender has requested that I provide you with a letter explaining why the services rendered pursuant to my appointment on behalf of David Royse Ladd have exceeded the \$3,500.00 fee limit set forth in § 3006A(d)(2) of the Criminal Justice Act.

I have twice applied to be reimbursed for fees and expenses in this case. In connection with my appointment to represent Mr. Ladd following his indictment, I had applied for \$2,268.00 in fees. That compensation was for all services rendered on Mr. Ladd's behalf through his sentencing hearing. I have separately applied for recovery of \$1,786.00 in fees for services rendered in connection with the United States Probation Department's petition to revoke Mr. Ladd's probation.

As the Court is aware, the revocation proceedings involved the analysis of extensive medical records relating to David Ladd's psychiatric and physical condition. This analysis included the engagement of Dr. Samuel J. Sherman, Ph.D., a clinical psychologist, who examined Mr. Ladd extensively and ultimately testified on his behalf at the revocation of probation hearing. As Dr. Sherman's testimony revealed, David Ladd's personal situation is quite complex, and his substance abuse problems are extreme. In order to accurately communicate the defendant's position to the Court, it required that I devote significant time

Honorable James O. Ellison June 29, 1992 Page 2

to meeting with Dr. Sherman and David Ladd. This time was required in order to develop the facts of the alleged probation violations, the history of David Ladd's substance abuse, and in order to prepare Dr. Sherman for his testimony.

I have always enjoyed the opportunity to serve, under the Criminal Justice Act, those financially unable to retain counsel. I have also attempted to ensure that the fees applied for are reasonable. I believe that the fees sought in the fee application relating to the revocation of probation proceedings are reasonable under the unique circumstances of this matter.

Please let me know if there is any further information which I can provide the Court in connection with this matter.

Sincerely

John E. Dowdell

JED:sw

89-CR-83-(05)-E 0610704

Case Numbers

	Investigative and other work			mass AX	9.50				ON JOSEPH A		www.coco							9.50	9.50
0610704	Travel time																		
Voucher Number:	Legal research and brief writing			15.60										AMBOTI S.				16.1	16.1
٧٥	Obtaining and reviewing records		2.40	67						The state of the s				na za drzegow		and the same		2.40	2.40
	Interviews and conferences	14.90					eng Stark al							energy, Ph				14.90	14.90
OUT OF COURT HOURLY WORKSHEET	Brief Description of Services	See attached Exhibit "A" *	See attached Exhibit "B" *	See attached Exhibit "C" *	See attached Exhibit "D" *		* See Exhibit "F" for complete description	of services performed.										Page Total	Grand Total
	Date	- 16/6/8	6/16/92	=	Ξ													Clar casson	

Page

EXHIBIT "A"

OUT OF COURT TIME: A. Interviews and Conferences

<u>1991</u>	TIME	<u>1992</u>	TIME
08/09/91	.20	04/07/92	.30
	Marie Control of the	04/09/92	.70
		04/10/92	.30
	.20	04/14/92	.60
		05/01/92	.70
		05/05/92	1.20
		05/06/92	. 40
		05/11/92	.10
		05/13/92	.20
		05/19/92	.10
		05/20/92	.20
		06/01/92	.20
		06/02/92	.50
		06/04/92	4.00
		06/05/92	1.00
		06/09/92	.30
		06/15/92	.50
		06/16/92	3.40

EXHIBIT "B"

OUT OF COURT TIME: B. Obtaining and Reviewing Records

1991	TIME	1992	TIME
08/09/91	.80	04/14/92 05/01/92 05/11/92	.40 .30 .20
	.80	05/20/92 06/01/92	.30
			1.60

EXHIBIT "C"

OUT OF COURT TIME: C. Legal Research and Brief Writing

1992	TIME
1992 04/07/92 04/09/92 04/10/92 05/05/92 05/06/92 05/21/92 05/27/92 06/01/92 06/02/92 06/03/92 06/04/92 06/09/92	.70 .90 .40 .60 .80 1.20 2.50 .60 1.50 1.80 1.00
06/13/92 06/15/92	1.00

EXHIBIT "D"

OUT OF COURT TIME: D. Investigative and Other Work

1992	TIME
04/10/92	.10
04/21/92	.30
05/05/92	1.40
05/06/92	.80
05/07/92	.70
05/11/92	.20
05/13/92	.30
05/19/92	.40
05/20/92	1.00
05/21/92	.60
05/28/92	.30
06/04/92	1.00
06/05/92	1.00
06/09/92	.40
06/13/92	.50
06/16/92	.50

Page 2

IN COURT HOURLY WORKSHEET

89-CR-83-(05)-E

Case Number:

Appeals Court 0610704 Revocation 1.5 1.5 1.5 Voucher Number: Trial Sentence Hearings Bail Arraignment Motions and and/or Plea Requests Requests Grand Total Page Total description of services performed probation See Exhibit "F" for complete Hearing on revocation of Brief Description of Services 6/16/92 Date

Н

ě.

Page

EXHIBIT "E"

IN COURT TIME:

F. Revocation Hearings

<u>1992</u> <u>TIME</u>

06/16/92 1.50

LJA WOTKSNEEL FACKET Page 6

 -
ابنا
=
5
K
2
MO
25
IJ
Z
KPEN
51
~
1
-
01

Case Numbers

Other 15.00 89-CR-83-(05)-E 0610704 10.1 8.05 33.16 Toll Calls Telegrams 5.44 Voucher Mumbers 5.44 Postage Amount Per frem Lodging | Copying 10.00 8.55 18.55 Meals Parking Mileage Facsimile Expense (transmission of Taxi fare (from office to meeting Total Amount Per Item Courier Service (deliver medical Glenbeigh Hospital of Cleveland Copies of medical records from with Dr. Sherman - David Ladd) Long Distance Telephone records to Dr. Sherman) medical records) Brief Explanation Copies 5/13/92 6/02/92 6/02/92 6/02/92 Date 6/16/92 8/9/91-

NORMAN & WOHLGEMUTH

ATTORNE'S AT LAW

2900 MID-CONTINENT TOWER
TULSA, OKLAHOMA 74103

TELEPHONE 918-583-7571 FACSIMILE 918-584-7846 TAXPAYER ID NO. 73-0946980

June 18, 1992

Billed through 06/18/92

Statement No. 605-00001-007 JED

David Royse Ladd 1714 Maple Avenue N.E. Canton, Ohio 44705

RE: U.S.A. v. David Royse Ladd, U.S. District Court for the Northern District of Oklahoma, No. 89-CR-083-005-E

For Professional Services Rendered

08/09/91 JED	Received, reviewed revisions of probation papers; telephone conference DRL	1.00
04/07/92 JED	Draft application to reschedule hearing on	
	revocation of probation and related order;	
	telephone conference U. S. Probation Dept.;	
	telephone conference federal public defender re appointment	1.00
04/09/92 JED	Telephone conferences S. Kallenberger and Dave	1.00
4	O'Meilia re petition and rescheduling hearing;	
	revisions to draft application to reschedule and	
	related order filed; telephone conference D.	
04/10/92 JED	Ladd; correspondence; telephone conference Ladd Revised and filed application to strike setting	1.60
04/10/32 0ED	on revocation of probation and related	
	order; telephone conference Judge Ellison's clerk	
	(Beverly) re same	.80
04/14/92 JED	Order rescheduling hearing on petition to revoke	
	probation; telephone conference Ladd re same and facts	1 00
04/21/92 JED	Correspondence S. Kallenberger, Jack Morgan and	1.00
, ,	David Ladd	.30
05/01/92 JED	Reviewed Ladd correspondence; telephone	
	conference Ladd; telephone conferences	
05/05/92 JED	psychologist re interviewing Ladd Telephone conferences Dr. S. Sherman re meeting	1.00
03/03/32 010	with Ladd and overall situation; correspondence	
	Dr. Sherman re same and provided documents:	
	correspondence D. Ladd; draft application to	
	reschedule revocation of probation hearing;	
	telephone conference court reporter re need for	
	sentencing hearing transcript and follow-up re completion of transcript order form; telephone	
	telephone	

NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW

2900 MID-CONTINENT TOWER

TELEPHONE TULSA, OKLAHOMA 74103

918-583-7571 FACSIMILE 918-584-7846 TAXPAYER ID NO. 73-0946980

David Royse L Statement No.	add 605-001-007 JED	PAGE 2
05/06/92 JED	conference U.S. Attorney re objection to moving hearing Telephone conferences Jack Morgan and Scott Kallenberger re conflict and psychologist issues; correspondence D. Ladd and Dr. Sherman; order from court rescheduling hearing and revised	3.20
05/07/92 JED	application to reschedule in view of same; draft papers for authorization to engage Dr. Sherman Forward papers to Dr. Sherman; telephone conference Jack Morgan; filed rescheduling	2.00
05/11/92 JED	papers; correspondence David Ladd Forwarded papers to DRL and telephone conference Dr. Sherman; received order from court	.70
05/13/92 JED	rescheduling hearing on revocation Conference DRL re psychological evaluation; draft letter to Ohio institution where he received counseling subject: release of records	.50
05/19/92 JED	related to same Correspondence Donofrio alcohol rehabilitation and psychological centers in Ohio for DRL's records; correspondence Sam Sherman re same;	.50
05/20/92 JED	Telephone conference Ladd Telephone conference court reporter; correspondence Dr. Sherman and David Ladd; work	.50
05/21/92 JED	on hearing notebook Complete preparation of hearing notebook; research re revocation of probation statutes	1.50
05/27/92 JED	and standards applicable to same Research - grounds for revoking probation	1.80
05/28/92 JED 06/01/92 JED	Follow-up re Ohio hospitals' records of DRL Telephone conferences DRL and Ohio hospital representatives re records; telephone conference Dr. Sherman; research re revocation of probation standards and preparation of hearing notebook; received, reviewed correspondence from S.	2.50
06/02/92 JED	Kallenberger and related documentation Telephone conference Dr. Sherman re hearing on revocation; telephone conference Ladd; research re standards and details of proof in preparation	1.20
06/03/92 JED	for hearing on revocation of probation Research re positive urinalysis amounting to	2.00
06/04/92 JED	"possession" under the guidelines Extensive meetings with DRL and Dr. S. J.	1.80

Norman & Wohlgemuth

ATTORNEYS AT LAW

2900 MID-CONTINENT TOWER TULSA, OKLAHOMA 74103

TELEPHONE 918-583-7571 FACSIMILE 918-584-7846

TAXPAYER ID NO. 73-0946980

David Royse L Statement No.	add 605-001-007 JED	PAGE 3
06/05/92 JED	Sherman; preparation of Sherman deposition and details re same; research re standards and interpretation of "possession" and the revocation portion of the sentencing guidelines Telephone conferences court clerk re rescheduling	6.00
06/09/92 JED	hearing; telephone conferences Dr. Sherman and S. Kallenberger re same; conference DRL; prepare for hearing Order from court rescheduling hearing and	2.00
06/13/92 JED	correspondence re same with DRL and Dr. Sherman; telephone conference DRL; work on memorandum of law to be submitted to court Work on memorandum of law for filing; work on	1.80
06/15/92 JED	argument outline Prepared memorandum of law for court revised same and filed; telephone conference Dr. Sherman re hearing; telephone conference AUSA re same	1.50 2.50
06/16/92 JED	Meetings with DRL and Dr. Sherman; final preparation for hearing; court for hearing on petition to revoke probation; meeting with probation department; correspondence Dr. Sherman; details re transition of DRL to Freedom House	5.40
Disbursements	:	
	Taxi/cash advance for taxi from our office to bus station	15.00
	Miscellaneous Expense/copies of medical records of David Ladd from Glenbeigh Hospital of Cleveland	10.00
	Facsimile Expense	10.11
	Courier Service	8.05
	Photocopies	8.55
	Long Distance Telephone	5.44
	TOTAL DISBURSEMENTS \$	57.15

NORMAN & WOHLGEMUTH OUR REF. NO. YOUR INVUICE NO. INVOICE DATE INVOICE AMOUNT AMOUNT PAID DISCOUNT TAKEN NET CHECK AMOL D LADD 06/02/92 10.00 10,00 Check tritici WESTSTAR BANK TULSA, OK 74146 504 NORMAN & WOHLGEMUTH 86-268-1039 ATTORNEYS AT LAW CHECK NO. CHECK DATE VENDOR NO. 2900 MID-CONTINENT TOWER 583-7571 TULSA, OK 74103 CHECK AMOUNT TEN AND 00/100 DOLLARS******************** \$******************** PAY Glenbeigh Hospital TO THE 18120 Puritas Road ORDER OF NORMAN & WOHLGEMUTH Cleveland, Ohio 44135 #*005044# #:103902681# 50005341 New York State of London GLENBEIGH HOSPITAL OF CLEVELAND 18120 PURITAS ROAD CLEVELAND, OHIO 44135 Statement #: MR Patient's Name: Chart Number: Your Number: Billed to: NORMAN+ WOHLZEMUTH

Charges for photocopies of medical records;

Outstanding: Pre-paid: Balance due: Please pay this amount.

or agoing PLEASE RETURN ONE COPY WITH PAYMENT

VENDOR:

OUR REF. NO. YOUR INVOICE NO. INVOICE DATE INVOICE AMOUNT

AMOUNT PAID

DISCOUNT TAKEN

005045

FAXZLADD

06/02/92

9.54

9.54

NET CHECK AMOUN

Check total

72. 1944

NORMAN & WOHLGEMUTH

ATTORNEYS AT LAW
2900 MID-CONTINENT TOWER 583-7571 TULSA, OK 74103

WESTSTAR BANK TULSA, OK 74148 86-268-1039 SHECK HO

504

CHECK DATE VENDOR NO.

NINE AND 54/100 DOLLARS********************

PAY TOTHE ORDER

Advantage Printing, Inc. 2172 Locust St., S.E. Canal Fulton, Ohio 44614

NORMAN & WOHLGEMUTH

arhain Tume 50005344

"005045" ::103902681:

ADVAUTABLE PRIMITING, INC. 12 CE. — 237 Stoom 1 51. CE. — 24 Conol Politon, Philip Politon 1 2 Conol P 7. 46 G 13-57 005

ADVANTAGE PRINTING, INC. 2172 Locust St. S.E. Canal Fulton, Ohio 44614 (216) 854-6612

3	□ APPEALS		2. MAG. DOCKE	T NO.	3. DIST. CT. L KE	T NO. VOUC	CHER NO. OCA OZ
1 MAG. 2 DIST. 4 I	OTHER	4			89-CR-83-(05)-E	06107
APPEALS DOCKET NO.	The state of the s	STRICT/CIRCUIT)	6. LOC. CODE		7. CHARGE/OFFEN	SE (U.S. or other c	code citation) 7A. CASE
	N.D.	OKLAHOMA	OKNTU	I			PR
B. IN THE CASE OF	400			9. PERSON	REPRESENTED (FULL	NAME)	9A. NO.
United States	vs	Ladd		D	avid Royce La	dd	1 REPRI
10. PERSON REPRESENTED (ST	ATUS)	and the state of t	A STATE OF THE STA	11. PROCE	EDINGS (Describe briefly	y)	
1 □ DEFENDANT—ADULT 2 □ DEFENDANT—JUVENILE	3 \(\text{APPE} \)	21 (10 (10 (10 (10 (10 (10 (10 (10 (10 (1	ER	tan e			
12. PAYMENT CATEGORY	W W			a 7:	- ALL PROC	· PETER	
	PETTY OFFEN	NSE E TOTHER	violation	Acres 6	Trobat	ion) K	fevocato
13. COURT ORDER O D. Appointing Counsel F	Subs. for	ed so it is no no it is no it is. FD	F 1500 W 16 4	14	4. FULL NAME OF ATTO Including Suffix) AND N	RNEY/PAYEE (First	t Name, M.I., Last Name,
c mi ppominig counce.	R 🗆 Subs. for		e e e e e e e e e e e e e e e e e e e		John Dowdell		
P Subs. for Panel Atty	₹ a			<u> </u>	2300 Mid-Con		tor.
2/20/00		ame of prior panel atto	0704	£,	Tulsa, OK 7		VEL
Appt. Date3/30/92	1	Voucher No	0704		rarpa, or /	4103	
	4,			15	5. WORK PHONE	16A. Does the atto	orney have the preexisting a
Because the above-named "pers	on represented	" has testified under or	ath or has	010	1500 7571	ment (see insi	structions) with a corporation of essional corporation?
otherwise satisfied this court that and (2) does not wish to waive or	at he or she (1)	is financially unable to	employ counsel		/583-7571	>□ Yes □	No
the attorney whose name appea	rs in item 14 is	appointed to represent	t this person in	16	6B. SOCIAL SECURITY N (Only provide per inst		. EMPLOYER I.D. NO.
this case.	_	1			0 5 1 15	The second	(Only provide per instruction 73-0946980
> Lenu	100/	00,00	* *	16	D. NAME AND MAILING		V FIRM
Sig. of Presiding Judicial Office		of Court (Clerk/Deput	W 8-9-0	3 /	(Only provide per inst NORMAN & WOL		
		2	1011-1	/	2900 Mid-Cor	2	2020
March 30, 1992		>					MET
Date of Order		Nunc Pro	Tunc Date	100	Tulsa, OK	74103	**.
		CLAIN	M FOR SERVI	CES OR E	XPENSES		
S	ERVICE		HOU		DATI	FS	Multiply rate per hour
7. a. Arraignment and/or Plea	ž.						times total hours to
b. Bail and Detention Hearings							obtain "In Court" compensation.
c. Motions Hearings							- Componication
	r						Enter total below.
d. Trial	1.0					X 2	17A. TOTAL IN COURT COMP.
e. Sentence Hearings							
f. Revocation Hearings			1.	5	6/16/92		
g. Appeals Court					Y III		r ^{arr} v ii sy
h. Other (Specify on additional	al sheets)				2 9)	26 Table 1	
	\$60) TOTAL HOURS =	1.5			=	\$ 90.00
8. a. Interviews and conferences			14.9	90	8/9/91 - 6/16	5/92	Multiply rate per hour
b. Obtaining and reviewing rec	ords		2.4	40	\$8	1	times total hours. Ent total "out of court"
	iting		16.		88 6	\$	compensation below.
d. Travel time (Specify on add	litional sheets)	No.					18A. TOTAL OUT OF
e. Investigative and other work		dditional sheets)	9.	50	60 4	7	COURT COMP.
(Rate per hour = §) TOTAL HOURS =	42.9				1,716.0
9. TRAVEL, LODGING, ME		AMOUNT		OTHER EX	YPENSES	AMOUNT	\$ 1,710 • 1
	. 950	7400011			AI LINOLO	\$ 18.55	
		1 5	Copying	SLP .			\$
		-	Toll Ca	allS		5.44	19B. TOTAL OTHER
		-	Other			33.16	\$ 57.15
ì		4 /					20. GRAND TOTAL CLAIMED
		11					
A DEPTHIS		1 1	0.00			19.010.0	\$ 1,863.15
1. CERTIFICATION OF ATTORNE			8/9/91			0/16/92	
F □ Final Payment I □ Interim f yes, were you paid? □ YES noney to you, or to your knowledg f yes, give details on additional she	D NO If yes, ge to anyone elsets.	by whom were you pai se, in connection with t bove statements	the matter for which	How much	h? \$2336.44 Has appointed to provide repr	the nerson represe	ented paid any
swear or affirm the truth or corre	100 000	OF COURT COMP.	IGNATURE OF AT		- ide	×	DATE
		CIE COURT COMP	24. TRAVEL	EXPENSE	25. OTHER	EXPENSES	26. TOTAL AMT. APPROVED/CE
22. IN COURT COMP	23. OUT	OF COOKIT CONT.	/				ADDDON/ED/OF
22. IN COURT COMP	\$		\$		\$		APPROVED/CE
22. IN COURT COMP. 22. IN COURT COMP. 23. IN COURT COMP. 24. IN COURT COMP. 27. SIGNATURE OF PRESIDION.	\$ NG JUDICIAL (DFFICER	\$		\$ DATE		\$
	\$ NG JUDICIAL (DFFICER	\$				

1. JURISDICTION	TAILS .	2. MAG. DOCKET NO.	3. DIST. CT. D	TNO. VOUCH	HER NO.	4676
3 ☐ API	HER		89-CR-83-	(05)-E	HER NO. 06	1070
	FOR (DISTRICT/CIRCUIT)	6. LOC. CODE	7. CHARGE/OFFEN	ISE (U.S. or other co	ode citation)	7A. CASE CO
	N.D. OKLAHOMA	OKNTU				PR
. IN THE CASE OF		. 레이트(chi.) 'p. 그로 그렇게 하는데 하다 가는 보이는데 [라마트트의 스트리스 생각하실]	N REPRESENTED (FULL	나이를 하지 않아 많아 하는 것이 없는 하는 것이 없다.		9A. NO. 1 REPRES
United States	vs Ladd	the at the largest state of the second state of the second	avid Royce L			Increes
0. PERSON REPRESENTED (STATUS)1 ☐ DEFENDANT—ADULT3	☐ APPELLANT 5 🛣 OTH		EEDINGS (Describe brief	ly)		
이 사람들은 사람들이 되었다. 그녀들은 사람들이 되었다면 그는 사람들이 가지 않는 것이 없는 것이 없는 것이 없었다.	APPELLEE	EH	en ()			
2. PAYMENT CATEGORY			- ALL PRO	경기 회사 교회에는 의자에 보기하게 가득하셨다.		
	Y OFFENSE E OTHER		Trobat	ion &	ر موس	slip
B MISDEMEANOR D APPE 13. COURT ORDER	AL probation		4. FULL NAME OF ATTO	DNEW (DAVEE (F:	None MI Le	
O ▲ Appointing Counsel F □ S	ubs. for FD		Including Suffix) AND I	MAILING ADDRESS	. Name, M.I., La	st Name,
C □ Co-Counsel R □ S P □ Subs. for Panel Atty	ubs. for Retained Atty.		John Dowdell			
P 🗆 Subs. for Pariel Atty	Name of prior panel atte	orney	2300 Mid-Con		ver, 401	5 000
Appt. Date3/30/92	Voucher No061	L0704	Tulsa, OK	74103		
Appr. Date	voucner No	- 1	5. WORK PHONE	16A. Does the attor	mey have the n	reevieting san
Because the above-named "person rep	resented" has testified under			ment (see Inst	ructions) with a	corporation,
otherwise satisfied this court that he o	she (1) is financially unable to	o employ counsel	3/583-7571	including a pro	ofessional corpo No	oration?
and (2) does not wish to waive counse the attorney whose name appears in it			6B. SOCIAL SECURITY	NO. 16C.	EMPLOYER I.D	
this case.			(Only provide per ins	tructions)	(Only provide of 73-09469	er instruction:
► Magazini	0(100,	1	6D. NAME AND MAILING	ADDRESS OF LAW		5,411,444
Sig. of Presiding Judicial Officer or	By Order of Court (Clerk/Depu	tv) 2 2 21	(Only provide per ins NORMAN & WO			
	7	11-11	2900 Mid-Co	어려면 맞았다면 하나 이 아이는 이 나를 보다.	wer .	
► March 30, 1992	<u> </u>		Tulsa, OK			
Date of Order	Nunc Pr	ro Tunc Date				
	The state of the s	M FOR SERVICES OR	EXPENSES			
SERVIO	Œ "	HOURS	DAT	ES		ate per hour
a. Arraignment and/or Plea					obtain "In	Court"
b. Bail and Detention Hearings					compens	ation.
c. Motions Hearings					Enter total	ESOLIS VIOLENZANIA MODELLA
d. Trial					17A. TOT	AL IN JRT COMP.
e. Sentence Hearings			c /2 c /20			
f. Revocation Hearings		1.5	6/16/92			
g. Appeals Court						
h. Other (Specify on additional sheet) (Rate per hour = \$60		1 -			- 00	00
Rate per hour = \$60 B. a. Interviews and conferences) TOTAL HOURS =	1.5	8/9/91 - 6/1	6/92		.00
b. Obtaining and reviewing records	194	2.40	0/3/31 - 0/1	11	times tota	ate per hour al hours. Enter
c. Legal research and brief writing		16.1	H .	n .	total "out	of court" ation below.
d. Travel time (Specify on additional	sheets)	10.1				AL OUT OF
e. Investigative and other work (Spe		9.50	The state of the s	vi .		JRT COMP.
(Rate per hour = \$40) TOTAL HOURS =	42.90			-1 7	16.00
TRAVEL, LODGING, MEALS		AND COLORS OF THE PARTY OF THE	XPENSES	AMOUNT		AL TRAVEL E
	40- No.	Copying		\$ 18.55	\$	
Participant President		Toll Calls		5.44		AL OTHER E
		Other		33.16	s 57	
					20. GRAN	ID TOTAL
					CLAIN	
					\$1,	863.15
1. CERTIFICATION OF ATTORNEY/PAY		8/9/91		6/16/92		
☐ Final Payment I ☐ Interim Paymeyes, were you paid? ☐ YES ☐ NO	ent No Has comp	pensation and/or reimbursemen	t for work in this case pr	eviously been applie	ed for? DYES	S □ NO
yes, were you paid? YES NO	If yes, by whom were you pa	aid? How muc	th? \$2336.44 Has	the person represer	nted paid any	
noney to you, or to your knowledge to a yes, give details on additional sheets.		the matter for which you were	appointed to provide rep	resentation? YE	S DNO	
swear or affirm the truth or correctness	of the above statements	- La Carta	in will		D (c'	18.12
loo waxa		SIGNATURE OF ATTORNEY/PA	YEÉ	*	DATE	
22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER	EXPENSES	26. TOT	AL AMT.
S S SIGNATURE OF PRESIDING II	B Ze z g z z z z z z z	\$	\$		\$	HOVED/CER
\$ 27. SIGNATURE OF PRESIDING JUDGE COLORS	DICIAL OFFICER		DATE	N.C. S. S. S.	27A. JU	IDGE/MAG.
~				17 14		851
0 00 010117						
28. SIGNATURE OF CHIEF JUDGE	CT. OF APPEALS (OR DELE	GATE)	DATE		29. TOT	AL AMT. ROVED

FEDERAL PUBLIC DEFENDER

WESTERN, NORTHERN AND EASTERN DISTRICTS OF OKLAHOMA

SUSAN M. OTTO
ACTING FEDERAL PUBLIC DEFENDER

July 10, 1992

NORTHERN AND EASTERN DISTRICTS _ 222 SOUTH HOUSTON, SUITE C TULSA, OKLAHOMA 74127 (918) 581-7656 FTS 745-7656

Honorable James O. Ellison
United States District Judge
for the Northern District of Oklahoma
Attn: Ms. Rosanne Miller
411 United States Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

Re: United States of America v. David Royce Ladd Case No. 89-CR-83-E

CJA Voucher No. 0010704

Dear Judge Ellison:

Mr. John Dowdell, attorney at law was appointed to represent David Royce Ladd in the above referenced cause.

Mr. Dowdell informed me he has completed his services in the above matter and he has submitted his CJA 20 in order that I might review that form for its technical and mathematical accuracy.

The combined total of requested compensation is \$1,863.15, which exceeds the \$750 limitation (excluding expenses) provided by the Criminal Justice Act. As you know, an excess payment cannot be made unless the excess payment is first certified by the United States District Judge before whom representation was furnished and then approved by the Chief Judge of the United States Court of Appeals for the Tenth Circuit, or his designee. 18 USC §3006A(d)(3).

I am enclosing for your consideration Mr. Dowdell's completed CJA 20, along with his letter explaining the amount of time devoted to the representation of his client and the necessity for excess compensation under 18 U.S.C. §3006(A).

Mr. Dowdell is also submitting the CJA-21 voucher for the services of Dr. Sherman. As you are aware, this office does not review vouchers submitted by experts and rendering services pursuant the Criminal Justice Act. I am forwarding Dr. Sherman's voucher and Mr. Dowdell's explanation for your review and consideration.

Sincerely,

Susan M. Otto

Acting Federal Public Defender

SMO:rph

Enclosure: CJA 20 Voucher and supporting documents

cc: Mr. John Dowdell

James G. Fllison Judge

United States District Court Northern District of Oklahoma

(918) 581-7981 (FT) 736-7981

333 Mest Fourth, Room 4-500 United States Courthouse Tulsa, Oklahoma 74103

June 5, 1992

TO:

COUNSEL/PARTIES OF RECORD

RE:

CASE NO. 89-CR-83-05-E- UNITED STATES OF

AMERICA V. DAVID ROYSE LADD

This is to advise you that Judge James O. Ellison entered the following Minute Order this date in the above-styled case:

The Revocation of Probation hearing scheduled for

Very truly yours,

Barbara K. Bucholtz Law Clerk to JUDGE JAMES O. ELLISON UNITED STATES DISTRICT JUDGE

Counsel Notified

Clerk to Notify

United States District Court for the Northern District of Oklahoma

V.

NOTICE

CASE NUMBER: 89-CR-83-05-E

DAVID ROYSE LADD

TYPE OF CASE:

[] CIVIL

[X] CRIMINAL

[] TAKE NOTICE That a proceeding in this case has been set for the place, date, and time set forth below:

DATE AND TIME: ROOM NUMBER:

PLACE:

U.S. Courthouse 333 W. 4th St. Tulsa, OK 74103

TYPE OF PROCEEDING:

REVOCATION OF PROBATION HEARING

[X] TAKE NOTICE that the proceeding in this case has been continued as indicated below:

DATE AND TIME PREVIOUSLY SCHEDULED: CONTINUED TO, DATE AND TIME:

PLACE:

5-13-92 @ 9:00AM 5-15-92 @ 10:00AM U.S. Courthouse 333 W. 4th St. Tulsa, OK 74103

To: David Royse Ladd

5-5-92

DATE:

John E. Dowdell John S. Morgan Probation Office

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

Minute Sheet - General

USa			
*		_	,
Plaintiff(s),	Case No.	89-CR-83-05-E	· <u>V</u> ·
David Royse Lodd	Date	6/16/92	
	PROCEEDIN	GS Rev/Riob.	
Defendant(s).	Zly.		
JUDGE COOK DEPUTY R. JUDGE ELLISON DEPUTY MCO JUDGE BRETT DEPUTY OVE JUDGE DEPUTY	ULLOUGH	REPORTER SIMPS REPORTER DORRO REPORTER CASLA REPORTER	UGH -
COUNSEL FOR: Plaintiff	J. Mergan		
•	0		
Defendant _	J. Dowde	ll.	
MINUTES: Witnesses & argumen	To of counse	L	-
Court sides A he place	(1		
			7
nut to exceed 9 mos. I	Verk only u	pour approach	
of Rob affice			
Posses only on Dermiss	you as Rock	- Must remp	leto
	31	/	0
stageam. Can be discharge to	Elicement.	Remarded to USM.	tment or
M Emmester	percenen	memaraed is go	
Sout to prepare O			
	*		
	4		
		, f	B
			B

Dont. Witness 1. Scott Kallenberger-Rob. off.

Heft. Witness 1. Samuel & Sherman

5220801184

210.24						$-\langle$	PROFESSION	
CJA 24 Rev. 11/88)	AUTHORIZATION	AND VOUCH	ER FOR PA	YME	NT OF TRA	NSUniPT	VOUCHE	R NO.
. JURISDICTION	1 MAGISTRATE/ 2	DISTRICT		2. MAG	i. DOCKET NO.		PAID BY	ichard Lawre
	/	OTHER	-				The second secon	DIST OK
DISTRICT DOCH	KETING NO.	. APPEALS DOCKET	NO.	5. FOR	(DISTRICT/CIRCU	(TIL)	ACCTG.	CLASS, NOS.
89-CR-83	-(05)-EVQ			N	.D. Oklaho	ma		92340
IN THE CASE O	F O	4:			200 000			JAF D100KNH
United S	tates of Americ	a vs.			11111	1 0 mg	2532	2 4000
PERSON REPRI	SENTED	(e) a	8. LOCATION/	ORGAN	IZATION CODE	at the	CATAN	©2 2 1992
David Ro	yse Ladd			PINNO	J ,		11/11	
PROCEEDINGS	IN WHICH TRANSCRIPT IS	TO BE USED (DESCI	RIBE BRIEFLY)					
Hearing	- Revocation of	Parole					e	
NOTE: Trial trans	S TO BE TRANSCRIBED (Discripts are not to include prosestal, voir dire or jury instruction	cution opening statemen	t, defense opening			ment, defense argument,		a a
Senten	cing Hearing -	May 15, 1990)					
transcript reques	or the person represented who ted is necessary for adequate r obtain the transcript services at	representation. I therefore	e request	Fi		he person represented hav orization requested in Item		
	X	000	E /7 /00	1	Short	WAN A	100	21/
SIGNATURE O	EATTORNEY	, I (() DATE	5/7/92	1	IGNATURE OF "	IDGE OR MAGISTRATE	YU	WY
	(07	.8) 583-7571	16	3	IGNATURE OF JU	DGE ON MAGISTRATE		
<u>ن</u>							_	15-m-00
1 FPD 4 RETAIN		EL ATTORNEY BO SE					DAT	F TO T
SPECIAL AUTH		110 02		1				14. JUDGE'S INITIALS
		of transportations						14. A.
A. Apportion	n 9/	of transcript wit	tn 					14. A.
B. Øx Expe	dited Daily	☐ Hourly	Transcript					14. B.
	ecution Opening Statense Opening Stateme		esecution Arguse Argument			cution Rebuttal	ns	14. C.
	s multi-defendant cas celerated transcript s							14. D.
			CLAIM FOI	R SEF	RVICES			
COURT REPOR	RTER/TRANSCRIBER STATE	JS				(INCLUDE CITY, STAT	E AND ZIP	CODE)
☐ Official	Gontract	☐ Transcriber	□ Other	U.	nited Stat	es Courthouse	3	
FULL NAME O	F PAYEE			-		ourth Street		
Mary Ann	McGinty			7	ulsa, OK	74103		
SOCIAL SECU	RITY OR EMPLOYER ID. NO	O. OF PAYEE		19. T	ELEPHONE NO.			
445-55-	8970	1 25.00		A	REA CODE (91	8) NUMBER 245	-1161	
TRANSCRIPT	INCLUDE PG. NOS.	NO. OF PAGES	RATE PER PA	AGE	SUB-TOTAL	DED. AMT. APPOR	Seven Verror Constitution	TOTAL
Original			\$	э	\$	\$		\$
	1-13	13	3.00		39.00			³ 39.00
Сору			\$		\$	\$	Barrier .	\$
Expenses (I	temize):		4		- 1)			\$
	CERTIFICATION at the above claim is correct and ource for the services rendered				ERTIFICATION Onereby certify that the	F ATTORNEY OR CLER ne transcript was received	× Ø	23. TOTAL CLAIMED
-/1/an	y llas. 7710	- /	5/20/92	•				•
CLAIMANT'S C	ERTIFICATION	Ø DAT	TE	S	IGNATURE OF AT	TORNEY/CLERK OF CO	DURT	DATE
APPROVE		11 11 11 8	1(5)	0	121			25. AMT. APPROVED
FOR PAYM	EIN I	PRESIDING JUDICIA	1 1/2	-(4 1	DATE	レーフ	\$ 26 [7]

United States District Court

	NORTHERN	00 115 13	PISTRIC	T OF	OKLAH	IOMA		
		92 MAR 13	PH	/				
	UNITED STATES OF AM V.	ERICOHN C	LEVELAN				RIMINAL CA	
	DAVID ROYCE LADD			CASE N	UMBER:	89-CR 83	3- 1 5- L E	D
						A	PR -2 1992	H
	(Name and Address of Defe	ndant)					rd M. Lawrence, (DISTRICT COUR	4
	U ARE HEREBY SUMMOI forth below.	NED to appea	ar before the	e United S	States Di	strict Cour	t at the place,	date and
Place							Room	
	U. S. Courthouse 333 West 4th Street						Courtroom	#2
	Tulsa, Oklahoma 7410)3					Date and Time	
Before:	The Honorable James	O. Ellison					april 14, 19.	92, 1:00 pm
□ Indic	ver a(n) tment			Violation			oation Violation	n Petition
		SEE ATTA	CHED PETIT	NOI				
Richa	ard M. Lawrence, Clerk			Ma	arch 9,	1992		
	of Issuing Officer and Lawrence Mullbergh at Title of Issuing Officer			Date				

AO 83 (Rev. 12/85) Summons in a Criminal Case RETURN O	F SERVICE
Service was made by me on: 1 Charles 1/ 1/2/2	Date
119000 16) 140	12
Check one box below to Indica	te appropriate method of service
Served personally upon the defendant at: 1714	maple Ane. N.E.
Left summons at the defendant's dwelling house or discretion then residing therein and mailed a copy of Name of person with whom the summons was left:	usual place of abode with a person of suitable age and of the summons to the defendant's last known address.
☐ Returned unexecuted:	
I declare under penalty of perjury under the law information contained in the Return of Service is true at Returned on	Name of United States Marshal Surface Marshal (by) Deputy United States Marshal
Remarks:	
nomana.	
	5

Clerk of the Court

United States District Court

NORTHERN	DISTRICT OFOKLAHOMA	
UNITED STATES OF AMERICA V.	SUMMONS IN A CRIMINAL CASE	
DAVID ROYCE LADD	CASE NUMBER: 89-CR-83-05-E	
.5		
(Name and Address of Defendant)		
YOU ARE HEREBY SUMMONED to app time set forth below.	pear before the United States District Court at the place, date a	ınd
U. S. Courthouse 333 West 4th Street Tulsa, Oklahoma 74103	Room Courtroom #2 Date and Time	
Before: The Honorable James O. Ellis	on afril 14,1992, 1:0	ון סי
	mplaint Violation Notice Probation Violation Petit 18 United States Code, Section(s) 3561	ion
SEE AT	TACHED PETITION	
	March 9, 1992	
Signature of Issuing Officer Richard Lawrence 6 M Cullangh	Date	
Name and Title of Issuing Officer		

A 20 (Let 1/88) APPOINTMENT OF AND AUTH JURISDICTION 2. N	MAG. DOCKET	-	3. DIST. CT. KET NO.		R NO.
MAG. 2 DIST. 4 OTHER			89-CR- 3-E	To the same	015482
	OC. CODE	-	7. CHARGE/OFFENSE	(U.S. or other	
ND OKLAHOMA	OKNTU		21:846	code citation)	68
IN THE CASE OF	9.	PERSON	REPRESENTED (FULL	NAME)	9A. NO.
United States vs Loren Hall		Lo	ren Hall		1 PA. NO. REPRE
PERSON REPRESENTED (STATUS)	11	. PROCE	EDINGS (Describe briefly) .	
1 St DEFENDANT-ADULT '3 APPELLANT 5 C	OTHER		*		
. PAYMENT CATEGORY			ALL PROCEE	DINGS	
A FELONY C PETTY OFFENSE E O	OTHER		EMM LAVORES	DENGO	
B MISDEMEANOR D APPEAL			A =		
COURT ORDER	* 2		2 CV CV		
O Appointing Counsel F Subs. for FD P Subs. fo	or Panel Atty		Name of prior p	panel attorney	,
C Co-Counsel R Subs. for Retained Atty.		ot. Date_	TO SET TO SEE STORY	Vouche	
Because the above-named "person represented" has testified und otherwise satisfied this court that he or she (1) is financially una			NAME OF ATTORNEY/P	AYEE AND	
counsel and (2) does not wish to waive counsel, and because the	e interests of	IV.	MAILING ADDRESS		*
Justice so require, the attorney whose name appears in item 14 i represent this person in this case.	is appointed to		aul D. Brunton		
1 od X 2016 1)5 Ma	esitali		310 South Denve	r	
Sig. of Presiding Judicial Officer or By Order of Cour	rt Clerk/Deputy	_ T	ulsa, Oklahoma	74119	
April 17, 1990	A STATE OF THE STATE OF	1 -	ELEPHONE NO.	16. SOC	C. SEC. NO.
Date of Order Nunc Pro Tur	nc Date	9	18/582-1993	44	5-44-7637
CLAIM FC	OR SERVICES	OR EX	PENSES		
SERVICE	HOURS		DATES		Multiply rate per I
a. Arraignment and/or Plea	2.25	. 3		2/ 1/ 1/2	times total hours to
b. Bail and Detention Hearings	(34)		[4]	8-26 91	compensation
c. Motions Hearings	.5		2 0		Enter total below.
d. Trial	· ·				\$2. Fe
e, Sentence Hearings	.75		2 2 2	60 14 6	# # w
f. Revocation Hearings	5	£ 1 2	and the second second		-
g. Appeals Court	*	25. 20 A.			17A. TOTAL IN
h. Other (Specify on additional sheets)			*		COURT COM
(Rate per hour = \$60) TOTAL HOURS =	3,5	22 M 1 1 2	2 8		\$ 210.00
a. Interviews and conferences	8.7	. 4			Multiply rate per h times total hours.
b. Obtaining and reviewing records	10.2	1			Enter total "out o court" compensati
c. Legal research and brief writing (motions, the)	19.95	4			below.
d. Travel time (Specify on additional sheets)					18A. TOTAL OUT
e. Investigative and other work (Specify on additional sheets)	5 18				COMPENSA
(Rate per hour = \$40) TOTAL HOURS=	38.85		1		\$1,554.00
TRAVEL, LODGING, MEALS ETC. AMOUNT		HER EXPE		MOUNT	19A. TOTAL TRA
axxiomgxixiskancexikomexiakksxxxi5x40			one Calls	15.00	200.0 00.000
BRANCHER PROCESSOR OF THE PROCESSOR OF T	o. Copy Ex	penses	i	45.00	\$
			9		19B. TOTAL OTH EXP.
			. %		
Na.				*	\$ 60.0
					20. GRAND TOTA
2.22					
	-	,			\$
CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD	41,	8/01	7	77/1	1,824.00
Figal Payment	-///	1/91		1/2/9	4
compensation and/or reimpursement for work in this case previous	iously been appl	ied for?	YES NO		
ves, were you paid? YES NO If yes, by whom were you p	oaid?	How	much? Has	the person re	presented paid any
ney to you, or to your knowledge to anyone else, in connection (with the matter	for which	you were appointed to pr	ovide represe	ntation YES L
year or affirm the truth or correctness of the	10/51	unt	Name and Publishers of the Pub	•	•
SIGNATURE OF	F ATTORNEY/F	PAYEE		D	ATE
	24. TRAVEL E	XPENSE	25. OTHER EXPE	VSES	26. TOTAL AMT.
\$ 210,00 \$ 1 584.00	\$		\$ 60		\$ / C 2 %
07 5160167117					
27. SIGNATURE OF PRESIDING JUDICIAL OFFICER 28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR E			DATE	10	27A. JUDGE
27. SIGNATURE OF PRESIDING JUDICIAL OFFICER 28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR D	the control of the co		DATE 7/30	1.91	27A. JUDGE/CODE

in

PDBR		*
Date Description	Time	Rate
4-18-8 LitiaL appt. As counter for	.1	/\
How the from 1EPD		,
4.2) hitial court opposition	.75	1 in court
5-21 fewimen PIT motion lobe Like	75	~1
5-2-> 4-25 Confuller ejaic	1.2	11
apt some of all he plych was at	1.0	//
5-31 Orep of motion tonder for payer		
epon fill someles) He would	٠. ٧	11
Pri. motion (1)		
6.1 Revision Assport by Gour	. 5	
6-) super To dis PIT mating		
8.31 Reca For Rodustins former	1.1	1 (b)
_ wolumpion of & { Reviewed		
Jone		
4-15 Cour spenner in A;	.5	I in court
4-24 top2 comparing		
7,26 Peix conspondent from Bryson	.6	17
10-24 13 midical records		
10:30 my and spolishin Loudy for	.7	
Cour to eval a deliver of		
12-3 per Dis medical records filed some		
1-8-11 C 11 All an and a C 1 Oc 1	.4	
July mi di computancy	-	
122-91 prepared & Lited writer of spring	6	
frinc *		
11.91 confuy cliens mi storms &	1.0	
Lusin y spendy + RiAL		
1.23 recid i remaind Congradue	,	1
how Bryson mi Ceving clique		
2.9 Orein seriewed light from	,	
Begin to AUSO mayor ni	•/	
Cencery	_	
1.23 Neviewed Carleling Colones pi	.3 S	
Lug Also cinta	رجی	
1-27 prid letter from BOPRi John,		
1-20 perie loopers evolution framishelyme	. 5	11/

Time and Charges

Date	Description	Time	Rate	
1881		1	11010	
200	Company as			×
2-9	recid plus symmer less from			. *
-	Quito & Newwed Jonny (.2)	.2.	1/	e g
1.20	Reid Cheminal DR Gopus	. 5	11	
	report ri. d') Competency			c
2-9	Contic- prepared perior	1.5	1/	
	to plan tom has conful			a .
	Chit		, .	
2-11	Di Court appearmen for	1.5	1 in	court
	gles			
4-8	Reia SI por P.S.R. sherring	. &	//	
	Som word objections comp	,		
	U/ MIOC Mi pup of objurious			
	to be filed			/
4123	rece (neviewed PSR solladum	•/	1/	
7-1	pregand profit for Substinai	. 3	//	
	of course thild some (7-2)			
	0		3 .	
5-2	Reid letin brow Bryson re: francier	. 1	11	
	7 h-y		•	/
6-5	legy to cer Bryin counteris	. 2	1/	•
	Adericing of order freeding L. H.			
	to Springing . for medical			
	reions, -		202	
8-1	Lever to clint @ Rocharles wellowed	. 2	1/	*
	med release for his sig to get med			
	perone, released			
9-24	leger to Free Jocton wi L. H.			
	Curat medical contifion-			
10-24	Peris clies Us Record from	.7	1/	
	Bryson revised Some Jouranded			
	copy & DA looper		_	
12-3	Perig leng from Dof me Lik's med	. ($\overline{}$	
	prioney Revised 1mm			
	00			

PB omfor 14.35@40 c 574 with. 2.75060 165

Paid & Repaid Advanced) Fees PB our 1 6 mm 14.35 x 40 = 574 Cour 2.15 x 60 = 165 29.69

Thue and Charges WAVILALL Allociate PILL ENLICION Date Description Tline Rate notion for Continion 3hrs 4 5.21-90. 2hr 5-22 Bm 5=30? Byson Mills .25 wel 15m 30m-7-26find long porder a few Brysani L. 14.13 letter to Low Sall 8-6-Ihr 5 9-30-90 9 25 90 Med Resord 30 mm (b) 9-31-90 appliate for Ind Frat + orde 10.3 Ь 32mm 10-1290 letter to cooper 30m for Continuon, mores OK 10-17-90 0 & Cops W/ Rosonds 1 10-25-90 Coper 11-1-90

Dula	Daniel II		
Date	Description Sentency	11111e	Un count
11-14-90	Setter & BOR - CM & Judg Elleral	45mm	b/
-	orde emply Accords		
11-15-91	Research Congreleny amonty	3/2 hou	<u> </u>
12-4-90	letter to Coope + Record (FMC)	15 m	b
12:10-90	" " " " (FMC)	5 m	b
1391	logo for Continuous etc Morgands	Bur	
1-23-91	morh up Sentency Linder	3 hours	<u></u>
12-5-91	Conf & phone Moreal + mills	Ban	<u>a</u>
26738	il il id + mills	30 m	<u> </u>
	- 2/1 - 00:0	-	
2-11-91	flex PDB	12	
4-16,17	Objection to PSR	Th	
/	thone call w/Bypon	\$15m	
424	appt folonlin spile, delneinget	1h	<u></u>
15-29	ange for Cont	Ihr	
17-291	Senteny Weg COURT	45pm	/le
	CASSO V	PH NI	
	04	945	
	Bir En 24.5 040 - 98	,	
	75 0 60 = y		
		>	
•		7	
S			

FEDERAL PUBLIC DEFENDER

WESTERN, NORTHERN AND EASTERN DISTRICTS OF OKLAHOMA

DAVID BOOTH FEDERAL PUBLIC DEFENDER SUSAN OTTO SUPERVISORY ASSISTANT FEDERAL PUBLIC DEFENDER

WESTERN DISTRICT SUITE 524, 215 DEAN A. McGEE OKLAHOMA CITY, OKLAHOMA 73102 (405) 231-5725 FTS 736-5725

NORTHERN AND EASTERN DISTRICTS
222 SOUTH HOUSTON, SUITE C
TULSA, OKLAHOMA 74127
(918) 581-7656 FTS 745-7656

July 25, 1991

Honorable James O. Ellison
United States District Judge
for the Northern District of Oklahoma
Attn: Ms. Rosanne Miller
411 United States Courthouse
333 West 4th Street
Tulsa, Oklahoma 74103

Re: United States of America vs. Hall, Loren Case No. 89-CR-83-E
CJA Voucher No. 0154825

Dear Judge Ellison:

Mr. Paul D. Brunton, attorney at law, was appointed to represent Loren Hall in the above referenced cause.

Mr. Brunton informed me he has completed his service in this matter. He submitted his CJA-20 to me in order that I might review it for its technical and mathematical accuracy. I have reviewed the voucher and it appears to be in good order. Therefore, I am sending the voucher to you for your consideration.

Respectfully,

David Booth

DB:jtt

Enclosure: CJA-20 Voucher and supporting documents

cc: Mr. Paul D. Brunton

JURISDICTION 1 MAGISTRATE . DISTRICT	2, MAG. DOCKET NO.	VOUCHER NO.
3 ☐ APPEALS 4 ☐ OTHER		9-3121138
DISTRICT DOCKET NO. 4. APPEALS DOCKET NO.	5. FOR (DISTRICT/CIRCUIT)	6. LOC. CODE 7. CASE CODE
A. CHARGE/OFFENSE (U.S. or other code citation)	8. IN THE CASE OF	vs Page 5 11 00 1
PERSON REPRESENTED (FULL NAME)	11. PROCEEDINGS FOR WHICH	SERVICES ARE REQUESTED.
LORAN E. HALL, SR.	(DESCRIBE BRIEFLY) CO	IMPETENCY TO STAND
0. PERSON REPRESENTED (STATUS) 1 DEFENDANT - ADULT 3 APPELLANT 5 OTHER 2 DEFENDANT - JUVENILE 4 APPELLEE	112176	
2. TYPE OF SERVICES REQUESTED 1	13. SERVICES TO BE PROVIDE WILLIAM L. COOP 406 S. BOULDER, 5 TUCSALOK 74103	TE 210
4. DESCRIPTION OF AND JUSTIFICATION FOR SERVICES. Use addition psychologist see instructions for Item 14.) CLINICA'L EVALUATION TO DETERMINATION.		
ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the services requested are necessary for adequate representation. I hereby request authorization to obtain the service or	9 HN105 X \$75	ON (Describe basis, i.e. hourly or daily rate or fixed fee) ~
Approval of services already obtained to be paid for by the United States pursuant to the Criminal Justice Act. (Note) Prior authorization should be obtained for services in excess of \$300)	17. COURT ORDER Financial eligibility of the per to the court's satisfaction, the hereby granted.	son represented having been established authorization requested in item 15 is
SIGNATURE OF ATTORNEY DATE TELEPHONE NO. 582199 10 10 2 PANEL ATTORNEY 3 RETAINED ATTY. 4 PRO-SE	SIGNATURE OF PRESIDING JUDICIAL OFFICER	10 min 8/2/9
	OR SERVICE	
3. ITEMIZATION OF SERVICES RENDERED AND EXPENSES INCURRE services and basis of compensation claimed. Attach receipts for expenses in necessary.)	curred. Use additional sheets if	A. TOTAL COMPENSATION
-31-90 INTERVIEW DEFENDANT (1.0 HR) 1-14-91	INTERVIEW DEFENDANT (1.5.) PREPARE WRITTEN EVAWATION (2.04)	J. J. O. AL EXPENSES
-27-90 REVIEW ADDITIONAL MEDIKAL RECORDS (1.5HRS)	TOTAL = 9HRS X PZE.O	C. TOTAL AMOUNT CLAIMED
FINAL PAYMENT I INTERIM PAYMENT NO. I hereby certify that the above claim is correct and that I have NOT claimed received payment from any other source for the services rendered and claim youther.	26. CERTIFICATIO	DN-OF ATTORNEY that these services were rendered.
SIGNATURES OF AIMANT COOPER, Ph.D.	3/12/9) ATTORNEY'S SI	GNATURE DATE
	OR PAYMENT	
(a). Either the cost of these services does not exceed \$300, or prior authorization of the cost of these services does not exceed \$300, or prior authorization of the cost of these services does not exceed \$300, or prior authorization of the cost of these services does not exceed \$300, or prior authorization of the cost of these services does not exceed \$300, or prior authorization of the cost of these services does not exceed \$300, or prior authorization of the cost of these services does not exceed \$300, or prior authorization of the cost of these services does not exceed \$300, or prior authorization of the cost of the co	JUDGE/WAS CODE	22. AMOUNT APPROVED/CERT. A. COMPENSATION \$ 675
(b). Prior authorization was not obtained, but in the interest of justice the coof these necessary services could not await prior authorization, even thou	ourt finds that timely procurement ugh the cost exceeds \$300.	B. EXPENSES
SIGNATURE OF PRESIDING JUDICIAL OFFICER DATE	JUDGE/MAG. CODE	
(c). Services procured in accordance with Federal public defender general bu	>	\$ 675.00
Excess payment approved under 18 U.S.C. 3006A(e)(3)	DATE	24. TOTAL APPROVED
SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)	DATE	\$

PAUL D. BRUNTON

Attorney at Law 1310 South Denver Avenue Tulsa, Oklahoma 74119 (918) 582-1993 FAX (918) 582-1991

July 26, 1991

RECEIVED

RECEIVED

JUL 29 1991

JACK C. SILVER, CLERK U.S. DISTRICT COURT

U. S. Court Clerk's Office Attention: Helen Miller U.S. Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

Re: U.S. v. Loran E. Hall, Sr. No. 89-CR-83-E

RECEIVED

AUG 1 1991

JACK C. SILVER, CLERK U.S. DISTRICT COURT

Dear Ms. Miller:

Please find enclosed the claim for services and expenses which was submitted to me by Dr. William L. Cooper.

Sincerely Yours,

PDB: se

Enclosure

Please complete Sec. 15 and 20, then return to me. Thanks -

O Rena da

Will need to be sent to Cercuit - Prior authorization granted 10-5-90.

1	UNISDICTION 3 ☐ APPE ☐ MAG DIST. 4 ☐ OTHE		2. MAG. DOCKI	ETNO.	3. DIST. CT. D 89-CR-8	3-E VOU	038188
_	APPEALS DOCKET NO. 5. FO	R (DISTRICT/CIRCUIT)	6. LOC. CODE		7. CHARGE/OFFE	ENSE (U.S. or othe	r code citation) 7A, CASE C
	N	.D. Oklahoma	OKNTU				- PR
3.	N THE CASE OF		Le To State	9. PERSO	ON REPRESENTED (FUI	LL NAME)	9A. NO.
	United States	vs Ladd			David R. La	dd	1 REPRES
	PERSON REPRESENTED (STATUS)			11. PRO	CEEDINGS (Describe br	iefly)	HII. H
		APPELLANT 5 🖾 OT					r r n n
_	DEFENDANT—JUVENILE 4 D	APPELLEE Proba	acioner		- ALL PROC	EEDINGS -	
		OFFENSE E K OTHER			1100	1	mHOV 8 - 1993
	☐ MISDEMEANOR D ☐ APPEAL		Violation	2			
	COURT ORDER			1	14. FULL NAME OF AT	TORNEY/PAYEE (F	RICHARD ME LAWRENCE.
	Appointing Counsel F Sub				Including Suffix) AN	ID MAILING ADDR	HESS. S. DISTRICT CO
	☐ Co-Counsel R☐ Subs. for Panel Atty.	os. for Retained Atty.			John Dowde	11	ME THERM DISTRICT OF ORL
		Name of prior panel a	ttorney		2900 Mdd-C	ontinent T	Cower
۸.	opt. Date	Versebes No			Tulsa, Okl	ahoma 740	003
A	opt. Date	voucher No			15. WORK PHONE		attorney have the preexisting a
_		COUNTY POST OF THE PARTY OF THE			.s. TOTAL THORE	l ment (see	Instructions) with a corporati
	ecause the above-named "person repre herwise satisfied this court that he or			sel	918/583-7571	including a	a professional corporation?
ar	d (2) does not wish to waive counsel,	and because the interests	s of justice so requ		TOO BE A STOCKED TO STOCKED THE		
	e attorney whose name appears in iter	ng14 is appointed to repre	esent this person in	1	16B. SOCIAL SECURITY (Only provide per in:	structions)	C. EMPLOYER I.D. NO. (Only provide per instruction
***	IN SIL	160		-	16D. NAME AND MAIL		13-0946980
•	- Cflor Kroll	og			(Only provide per in		
	Sig. of Presiding Judicial Officer or By (Order of Court (Clerk/Deput)	y)		1		
	May 28, 1993						
_	Date of Order	Nuno P	ro Tunc Date				
	_ a.o o. o.uoi		AIM FOR SERVI	CES OP	FYDENSES	1127 1 2	
-	SERVICE	- CL	HOU			TES	Multiply rate per hou
1	a. Arraignment and/or Plea				36		times total hours to
1	b. Ball and Detention Hearings						obtain "In Court" compensation.
+	c. Motions Hearings		i die e e e		-		Enter total below.
-	d. Trial						17A. TOTAL IN
2000	e. Sentence Hearings			E 0	0/16/00	*****	COURT COMP.
3	f. Revocation Hearings			50	3/16/93	- d 15 (0.0 f	02 /3
=	g. Appeals Court		·	50	7/26/93 a	nd/8/30/	93
1	h. Other (Specify on additional sheets	la l					
1	(Rate per hour = \$60) TOTAL HOURS:	- 2	00			120 00
3.	a. Interviews and conferences	, TOTAL HOURS	23.		6/1 0/16	/02	\$ 120.00
1	b. Obtaining and reviewing records		33.			/93	Multiply rate per hou times total hours. En
	c. Legal research and brief writing					93	total "out of court"
	d. Travel time (Specify on additional s	sheets)	۷.	40	7/19, 7/30	& 8/6/9	
5	e. Investigative and other work (Speci		0	0.5	7/1 0/16	102	18A. TOTAL OUT OF COURT COMP.
5) TOTAL HOURS:		35	7/1 - 3/16	/93	01 570 00
).	(Rate per hour = \$40	, , , , , , , , , , , , , , , , , , , ,	= 39.		EVDENICES	111010-	\$1,572.00
	TRAVEL, LODGING, MEALS ETC	AMOUNT	Dk - t -	. 27.22.22.22.22	EXPENSES	AMOUNT	
2				copie	2.5	69.45	\$
EAFEINSES			Westl	aw		49.31	19B. TOTAL OTHER
1							\$ 118.76
1							20. GRAND TOTAL CLAIMED
		1,100	1 1003		- A	10000	\$1,810.76
	CERTIFICATION OF ATTORNEY/PAYE					ugust 16	
f y	Final Payment I Interim Paymers, were you paid? YES Inney to you, or to your knowledge to a res, give details on additional sheets	nent No Has NO If yes, by whom w nyone else, in connection	s compensation and		How much?	Has the	person represented paid an
- 15	wear or affirm the truth or correctness		SIGNATURE OF	ATTORNEY/	PAYEE	-	<u>►8/3/45</u> DATE
	4	OUT OF COURT COMP.		L EXPENSI	E 25. OTHE	R EXPENSES	26. TOTAL AMT.
F	s 120.00 s	1,572.0	υ s		\$ /	12.76	\$ APPROVEDICE
1.	27. SIGNATURE OF PRESIDING JU	DICIAL OFFICER		å i	DATE	6 11.1	27A. JUDGE/MAG
YME	The man en e	100/11/10			81	20/11	CODE 85/
PAYME	1100000	- Lander			1 /		X.3/
FOR PAYMENT	28. SIGNATURE OF CHIEF JUDGE,	CT. OF APPEALS (OR DE	ELEGATE)	1 9	DATE	. / /	29. TOTAL AMT.

ment (see Instrinctuding a pro Yes TY NO. instructions) THE TY NO. (O	ey have the preexisting a uctions) with a corporatifessional corporation? No MPLOYER I.D. NO.
ATTORNEY/PAYEE (First Nand MAILING ADDRESS 16A. Does the attornment (see Instrinctuding a pro TY NO. instructions) 16C. Et instruc	ey have the preexisting a uctions) with a corporatifessional corporation? No NPLOYER I.D. NO. Inly provide per instruction
ATTORNEY/PAYEE (First Nand MAILING ADDRESS 16A. Does the attornment (see Instrinctuding a pro TY NO. instructions) 16C. Et instruc	ey have the preexisting a uctions) with a corporatifessional corporation? No MPLOYER I.D. NO. Inly provide per instruction
ATTORNEY/PAYEE (First Nand MAILING ADDRESS Lel1 Continent Tow Lahoma 74903 16A. Does the attorn ment (see Instrincluding a pro Yes TY NO. instructions) 16C. Et of Ty NO. instructions) 16C. Et of Ty NO. instructions of Law	ey have the preexisting a uctions) with a corporatifessional corporation? No MPLOYER I.D. NO. Inly provide per instruction
CEEDINGS - ATTORNEY/PAYEE (First Nand Mailing address lell Continent Tow lahoma 74903 16A. Does the attornment (see Instrinctuding a prolific lell) TY NO. 16C. Et of 15T (150 pt) TY NO. 16C. Et of 15T (150 pt) ILLING ADDRESS OF LAW	ey have the preexisting a uctions) with a corporati fessional corporation? No MPLOYER I.D. NO. Inly provide per instruction
AND MAILING ADDRESS Le11 Continent Tow Lahoma 74903 16A. Does the attornment (see Instrinctuding a pro Yes 77 NO. 16C. En instructions) TY NO. 16C. En TY	ey have the preexisting a uctions) with a corporati fessional corporation? No MPLOYER I.D. NO. Inly provide per instruction
AND MAILING ADDRESS Le11 Continent Tow Lahoma 74903 16A. Does the attornment (see Instrinctuding a pro Yes 77 NO. 16C. En instructions) TY NO. 16C. En TY	ey have the preexisting a uctions) with a corporati fessional corporation? No MPLOYER I.D. NO. Inly provide per instruction
Continent Tow lahoma 74903 16A. Does the attornment (see Instrictuding a pro Yes X TY NO. instructions) 16C. Editor Continuation (See Instructions)	ey have the preexisting a uctions) with a corporati fessional corporation? No MPLOYER I.D. NO. nly provide per instruction
Continent Tow lahoma 74903 16A. Does the attornment (see Instrictuding a pro Yes X TY NO. instructions) 16C. Editor Continuation (See Instructions)	ey have the preexisting a uctions) with a corporati fessional corporation? No MPLOYER I.D. NO. nly provide per instruction
16A. Does the attornment (see Instrinctuding a pro	ey have the preexisting a uctions) with a corporati fessional corporation? No MPLOYER I.D. NO. nly provide per instruction
16A. Does the attorn ment (see Instrinctuding a pro	uctions) with a corporation fessional corporation? No MPLOYER I.D. NO. Inly provide per instruction 94678
ment (see Instrinctuding a pro Yes TY NO. instructions) 16C. Ei 73- ILING ADDRESS OF LAW	uctions) with a corporation fessional corporation? No MPLOYER I.D. NO. Inly provide per instruction 94678
TY NO. instructions) 16C. En (0 73- ILING ADDRESS OF LAW	No APLOYER I.D. NO. Inly provide per instruction 0946980
TY NO. instructions) 16C. En (0 73-	MPLOYER I.D. NO. nly provide per instruction 094678
ILING ADDRESS OF LAW	0946781
ILING ADDRESS OF LAW	
	AND THE RESERVE OF THE PERSON
DATES	Two Market and the
	Multiply rate per hou times total hours to
	obtain "In Court" compensation.
	Enter total below.
	17A. TOTAL IN
	COURT COMP.
and 2/20/02	Pa
114/19/19/19	
	\$ 120.00
6/93	Multiply rate per hou
9/93	times total hours. En total "out of court"
0 & 8/6/93	compensation below.
	18A. TOTAL OUT OF COURT COMP.
6/93	
1	\$1,572.00
	19A. TOTAL TRAVEL
	\$ 19B. TOTAL OTHER
49.31	The second second
	\$ 118.76
	CLAIMED
	s1,810.76

IN COURT HOURLY WORKSHEET

						A DOCUMENT INCHIN	OETT	0001000	
Date	Brief Description of Services	Arraignment and/or Plea	Motions and Requests	Pail	Sentence Hearings	Trial	Revocation Hearings	Appeals Court	Orien
7/26/93	Revocation of Probation Hearing						1.0		
7/30/93	of Revocation						.50		
8/16/93	Неа				.50				
					4,				
								·	
		-							
	Page Total				.50	1	.50		
	Grand Total				.50	1	1.50		

OUT OF COURT HOURLY WORKSHEET

Case Numbers

89-CR-83-E 0381886

Voucher Number:

	Date	Brief Description of Services	conferences	Obtaining and reviewing records	Legal research and brief writing	Travel time	and other work
	6-8/93	See Attached Exhibit "A"	23.75				
	6-7/93	See Attached Exhibit "B"		3.30			
	7-8/93	See Attached Exhibit "C"	17	4,	-2.40		
	7 0/00	Attached Exhibit					9.85
	1-0/30						
-							
						(2)0 a	
,							
•		Page Total	23.75	3.30	-2:40		9.85
		Grand Total	23.75	3.30	2.40		9.85

OTHER EXPENSE WORKSHEET

Amount Per Item		Voucher Mumbers	
	CHARLES AND ASSESSMENT OF THE PARTY OF THE P	0381886	0301000 1

89-CR-83-E

	-		45	69.45			_		
\dagger		+						Total Amount Per Item	
+		+	1	+					1
+		+	1	\downarrow					
	+	1	+						
+	1	+	+	-					
+		1	1						
+		-							
+									
							+		
						-	+		
					_	_		- 12	
							1		
					1				
		1		\downarrow					
+	+	1						4.	
+									
+			1						
1			4.20		77			illococopies	1000
			7.05					\forall	2-16-93
49.31								Photocopies	7-30-93
							1		7-29-93
			4.60			1			7-29-93
			4 65						7-28-93
-			11.85					Photocopies	7-27-93
			2 40					-	7-23-93
-			6 30					-	7-19-93
			17 70					-	7-16-93
+			1 80					+	7-15-93
relegiams Other		-	3.90	2				93 Photocopies	7-12-93
7	Tall C-11: T-1:	Stare	Conving	Lodging	Meals	Parking	Mileage	┞	
-		lem	Amount Per Item	An				e Brief Explanation	Date

EXHIBIT "A"

OUT OF COURT TIME: A. Interviews and Conferences

Date	Time	Description
6/1/93	.50	Telephone conference with Morgan and Boston re alleged probation violations and hearing;
6/3/93	.20	Telephone conference with Dr. Sherman re other options for Ladd;
6/4/93	.40	Telephone conference with Dr. Sherman;
6/9/93	.20	Telephone conference with Dr. Sherman re prospects for Ladd commitment and financial issues relating to same;
6/14/93	.75	Telephone conference with Ladd re meeting; telephone conference with Dr. Sherman re prospects for commitment;
7/12/93	1.50	Telephone conference with Morgan and Boston re need to reschedule probation revocation hearing; telephone conference with Dr. Sherman re alternative treatment;
7/13/93	.20	Telephone conference with Judge Wagner re scheduling of hearing problems; follow-up with Ladd re same;
7/14/93	2.50	Telephone conference with Ladd, Dr. Sherman and Judge Wagner's chambers re hearing date; follow-up with H.O.W. Foundation re Ladd commitment; follow-up with Dr. Sherman re relapse therapy;
7/15/93	1.80	Telephone conference with Boston; telephone conference with Judge Wagner's chambers; telephone conference with D. Ladd re alternatives; telephone conference with H.O.W. Foundation; telephone conference with Dr. Sherman re treatment alternatives and work on same;
7/19/93	1.70	Telephone conferences with facilities re alternative treatment;
7/22/93	.40	Telephone conferences with Ladd re hearing and meetings with alternative treatment facilities;
7/23/93	1.50	Meeting with Ladd in preparation for probation revocation hearing;

EXHIBIT "A"

OUT	OF	COURT	TIME:	Α.	Interviews	and	Conferences
-----	----	-------	-------	----	------------	-----	-------------

<u>Date</u>	Time	Description
7/24/93	.50	Conference with Ladd;
7/26/93	2.50	Telephone conferences with Stover at TACADA re drug and alcohol testing of Ladd and follow-up on same and referral to Ohio facility; telephone conference with Boston; telephone conference with Ladd re treatment issues;
7/27/93	.75	Telephone conference with Stover re details of his Affidavit;
7/29/93	.10	Telephone conference with Ladd;
7/30/93	2.80	Meeting with Ladd; telephone conference with Stover re in-patient treatment alternatives; conference with Boston re sentencing range and recommendation issues; meeting and follow-up with the Ladds;
8/6/93	1.50	Telephone conference with Boston; telephone conference with Ladd; telephone conference with Stover;
8/9/93	.50	Telephone conference with Boston's office re guideline recommendations;
8/11/93	.30	Telephone conference with Ladd re potential objections;
8/15/93	.50	Telephone conference with Ladd in preparation for sentencing;
8/16/93	2.65	Conference with Ladd in preparation for sentencing; conference with Boston re revisions to guidelines report and need for prescriptions and breathing device in prison; meeting with R. Fagala and Boston re medical issues.
	23.75	TOTAL HOURS

EXHIBIT "B"

OUT OF COURT TIME: B. Obtaining and Reviewing Records

Date	<u>Time</u>	Description
6/1/93	2.50	Obtained papers from Boston re alleged probation violations and began review of same;
7/19/93	.80	Review urinalysis records in preliminary preparation for hearing on revocation of probation.
	3.30	TOTAL

EXHIBIT "C"

OUT OF COURT TIME: C. Legal Research and Brief Writing

Date	<u>Time</u>	Description
7/19/93	1.0	Review of pertinent authorities in preliminary preparation for hearing on revocation of probation;
7/30/93	.40	Research re bond issues;
8/6/93	1.00	Guidelines analysis.
	2.40	TOTAL HOURS

EXHIBIT "D"

OUT OF COURT TIME: D. Investigative and Other Work

<u>Date</u>	<u>Time</u>	Description			
6/1/93	.80	Draft application to reschedule hearing and filed same; correspondence to Boston and Ladd;			
6/4/93	.10	Order rescheduling hearing to Boston, Ladd and Morgan;			
7/12/93	.50	Prepared and filed application and related order seeking rescheduling; correspondence with Ladd re same;			
7/15/93	.30	Preparation of transcript request form;			
7/22/93	.25	Draft settlement letter;			
7/23/93	1.0	Correspondence with Morgan and Boston proposing interim settlement and setting forth terms; preparation for hearing;			
7/24/93	.50	Preparation for hearing on revocation of probation;			
7/25/93	.75	Complete argument outline;			
7/26/93	2.20	Final preparation for hearing on revocation of probation; preparation of Stover affidavit; correspondence to Boston; received, reviewed Stover test results;			
7/27/93	1.0	Correspondence with Boston, Morgan, Ladd and Stover; preparation of supplemental pleading re Ladd assessments;			
7/29/93	.40	Letter to Boston; preparation for resumption of hearing;			
8/6/93	.50	Preparation for sentencing hearing; correspondence with Ladd re ranges and guidelines issues;			
8/11/93	.60	Received, reviewed U.S. Probation guideline recommendations; preparation for sentencing;			
8/15/93	.75	Preparation for sentencing; draft letter to Boston re changes for sentencing papers; commenced preparation of fee application;			

EXHIBIT "D"

OUT OF COU	JRT TIME:	D. Investigative and Other Work		
<u>Date</u>	<u>Time</u>	Description		
8/16/93 .20		Correspondence with Mrs. Ladd; preparation of fee application; letter to Boston re revisions to guidelines report;		
-	9.85	TOTAL HOURS		

UNITED STATES COURT OF APPEALS

JOHN P. MOORE
CIRCUIT JUDGE

TENTH CIRCUIT
UNITED STATES COURTHOUSE
DENVER, COLORADO 80294

September 27, 1993

Honorable James O. Ellison, Chief Judge United States District Court Northern District of Oklahoma 333 West Fourth, Room 4-500 Tulsa, OK 74103

RE: No. 89-CR-83-E - U.S.A. v. David Royse Ladd CJA Voucher No. 0381886

Dear Judge Ellison:

I am returning the above voucher with my approval in the amount of \$1,810.76, in accordance with the recommendations set forth in your letter dated September 21, 1993.

Wery truly yours,

ohn P. Moore

JPM:sm Encl. United States District Court

James G. Ellison Chief Judge Northern Bistrict of Oklahoma 333 West Jourth, Room 4-472 Jederal Building Tulsa, Oklahoma 74103

(918) 581-7981 (**FCS**) 736-7981

September 21, 1993

Honorable John P. Moore United States Circuit Judge Attention: Gloria Zimmerman C-438 U.S. Courthouse Denver, Colorado 80294

Re: Case No. 89-CR-83-E - U.S.A. V. DAVID ROYSE LADD CJA Voucher No. 0381886

Dear Judge Moore:

Enclosed is CJA-20 Voucher Form on behalf of services performed by John E. Dowdell on behalf of David Royse Ladd in revocation proceedings. Mr. Dowdell performed outstanding service on behalf of his client who is an unrehabilitated substance addict.

His services were reasonable and necessary to the representation. Since the charges exceed \$750.00, it is necessary to obtain your approval. I certify to you that these charges were necessarily incurred in the representation of this defendant and would appreciate your approval.

Very truly yours,

James O. Ellison, Chief Judge United States District Court

JOE: bjh

Enclosure

FEDERAL PUBLIC DEFENDER

STEPHEN J. KNORR FEDERAL PUBLIC DEFENDER

Stephen J. Greubel Craig Bryant Robert Nigh, Jr.

September 3, 1993

222 South Houston, Suite C Tulsa, Oklahoma 74127 (918) 581-7656 FAX: (918) 581-7630

Honorable James O. Ellison Chief United States District Judge Attention: Ms. Rosanne Miller United States Courthouse 333 West 4th Street Tulsa, Oklahoma 74103

for Re:

U.S.A. v. David Royse Ladd

Case No. 89-CR-083-^E

Dear Judge Ellison:

John Dowdell was appointed to represent David Royse Ladd in the above-referenced cause.

Mr. Dowdell has completed his services in the above matter, and has submitted his CJA-20 in order that I might review it for technical and mathematical accuracy.

The combined total of requested compensation is \$1,810.76, which exceeds the \$750.00 limitation (excluding expenses) provided by the Criminal Justice Act. As you know, an excess payment cannot be made unless it is first certified by the Judge before whom representation was furnished and then approved by the Chief Judge of the United States Court of Appeals for the Tenth Circuit. 18 U.S.C. §3006A(d)(3).

I am enclosing for your consideration Mr. Dowdell's completed CJA-20, along with his letter explaining the amount of time devoted to the representation of his client and the necessity for excess compensation.

Sincerely

Stephen J. Knorr

Federal Public Defender

SJK:ch Enclosure UNITED STATES DISTRICT COURT.

NORTHERN DISTRICT OF OKLAHOMA

HILED A MIN 16 1993 B

Bichard M. Lawrence, Clerk U. S. DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA Plaintiff)			
VS)	Case Number:	89-CR-083-005-E	V
)			
)			
DAVID R. LADD)			
Defendant)			
		John Dowdell		
		Attorney for D	efendant	

ORDER REVOKING PROBATION AND SENTENCE

Heretofore on the 15th day of May, 1990, the defendant was sentenced to a five year term of Probation after pleading guilty to Conspiracy to Manufacture and Distribute Methamphetamine, Title 21, U.S.C., Section 846, and 841(a)(1). This was a downward departure from the guideline range of 97 to 121 months, based on a motion by the Government recommending a downward departure based on the defendant's substantial cooperation with the Government, pursuant to Section 5K1.1 of the U. S. Sentencing Guidelines.

This matter came on for a Show Cause Hearing on Probation Revocation on July 26, 1993, at which time the defense stipulated to the evidence presented by Senior U. S. Probation Officer, Robert E. Boston, which included approximately 23 laboratory reports

that urine specimens submitted by the defendant were positive for use of Marijuana.

The matter was set for disposition on August 16, 1993, at which time the Court found the defendant in violation of the conditions of probation by Possession of Controlled

Substance as evidence by the positive laboratory reports.

It is the Order of the Court that Probation is revoked and the defendant is committed to the custody of the Bureau of Prisons for a term of four (4) months. This sentence is a downward departure from the revocation guideline range, as determined by the Court to be twenty months, based on the original motion by the Government that the defendant be sentenced to a term below the established guideline range. It is the recommendation of the Court that the defendant be designated to a facility capable of dealing with his medical problems and his history of substance abuse.

alex. 16,1293

The Monorable James O. Ellison

Chief U. S. District Judge

Reviewed and Approved:

Jack Morgan, Assistant U. S. Attorney

FILED

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

AUG 9 1993 ~~

Richard M. Lawrence, Clerk U. S. DISTRICT COURT NORTHERN DISTRICT OF OKUHOMA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

David Royse Ladd

David Royse Ladd

N

N

CRIMINAL CASE NO:

89-CR-083-005-E

Defendant,

Attached you will find tentative guideline calculations regarding the revocation hearing recently held in the above-styled case.

NOTICE

If there are objections to these tentative calculations prepared as a result of the Court's findings, you must notify the U. S. Probation Office within five (5) days.

A hearing date will be set by the Court if the objections cannot be resolved.

If we do not hear from you within five (5) days, the Court will be notified that there are no objections.

Dated this 9th day of August , 1993.

ROD BAKER, CHIEF

U. S. PROBATION OFFICER

CERTIFICATE OF SERVICE

I hereby certify that on the 09th day of August, 1993, a true, exact, and correct copy of the above and foregoing instrument was mailed, by certified mail, return receipt requested, to the following:

David R. Ladd c/o John Dowdell 2900 Mid-Continent Tower Tulsa, OK 74103

and

John Dowdell 2900 Mid-Continent Tower Tulsa, OK 74103

and a copy hand-delivered to:

Jack Morgan, Assistant U. S. Attorney 3600 U. S. Court House Tulsa, Oklahoma 74103

Joanu B. Maen Joanie B. Jorgensen U. S. Probation Clerk

Hnited States District Court Perchem DISTRICT OF Oklahoma

y: I, the undersigned defendant acknowledge that I and my . . .
We, the undersigned, jointly and severally acknowledge that we and our . . .

V.
David Royse Ladd
Navid Royal Ladd
Defendant
· V

UNITED STATES OF AMERICA

APPEARANCE BOND

CASE NUMBER: 89-CR-83.05.E

personal representatives, jointly and severally, are bound to pay to the United States of America the sum of
\$ 25,000, and there has been deposited in the Registry of the Court the sum of security.)
The conditions of this bond are that the defendant Wavid Royse Laeld
is to appear before this court and at such other places as the defendant may be required to appear, in accordance with any and all orders and directions relating to the defendant's appearance in this case, including appearance for violation of a condition of defendant's release as may be ordered or notified by this court or any other United States District Court to which the defendant may be held to answer or the cause transferred. The defendant is to abide by any judgment entered in such matter by surrendering to serve any sentence imposed and obeying any order or direction in connection with such judgment.
It is agreed and understood that this is a continuing bond (including any proceeding on appeal or review) which shall continue until such time as the undersigned are exonerated.
If the defendant appears as ordered or notified and otherwise obeys and performs the foregoing conditions of this bond, then this bond is to be void, but if the defendant fails to obey or perform any of these conditions, payment of the amount of this bond shall be due forthwith. Forfeiture of this bond for any breach of its conditions may be declared by any United States District Court having cognizance of the above entitled matter at the time of such breach and if the bond is forfeited and if the forfeiture is not set aside or remitted, judgment may be entered upon motion in such United States District Court against each debtor jointly and severally for the amount above stated, together with interest and costs, and execution may be issued and payment secured as provided by the Federal Rules of Criminal Procedure and any other laws of the United States.
Defendant. Date Address. 1714 Maple Hive NE. Canton Chio 4470
Surety Address
Surety Address
Signed and acknowledged before me on 7-30-93 Date Date
Judicial Officer/Clerk

United States District Court

Morthern DISTRICT OF Oklahoma	
UNITED STATES OF AMERICA	
V. ORDER SETTING CONDITIONS OF RELEASE	5
Defendant Case Number: 89-CR-83.0-5-F	
IT IS ORDERED that the release of the defendant is subject to the following conditions:	
(1) The defendant shall not commit any offense in violation of federal, state or local law while on release in case.	n thi
(2) The defendant shall immediately advise the court, defense counsel and the U.S. attorney in writing of change in address and telephone number.	fany
(3) The defendant shall appear at all proceedings as required and shall surrender for service of any sent	tence
on May 14, 1993 (I'O) Date and Time	7
Release on Personal Recognizance or Unsecured Bond	
IT IS FURTHER ORDERED that the defendant be released provided that:	
V) (4) The defendant promises to appear at all proceedings as required and to surrender for service of any sente imposed.	ence
in the event of a fallure to appear as required or to surrender as directed for service of any sentence impos	n of) sed.

Advice of Penalties and Sanctions

Violation of any of the foregoing conditions of release may result in the immediate issuance of a warrant for the defendant's arrest, a revocation of release, an order of detention, as provided in 18 U.S.C. §3148, and a prosecution for contempt as provided in 18 U.S.C. §401 which could result in a possible term of imprisonment or a fine.

The commission of any offense while on pretrial release may result in an additional sentence upon conviction for such offense to a term of imprisonment of not less than two years nor more than ten years, if the offense is a felony; or a term of imprisonment of not less than ninety days nor more than one year, if the offense is a misdemeanor. This sentence shall be consecutive to any other sentence and must be imposed in addition to the sentence received for the offense itself.

18 U.S.C. §1503 makes it a criminal offense punishable by up to five years of imprisonment and a \$250,000 fine to intimidate or attempt to intimidate a witness, juror or officer of the court; 18 U.S.C. §1510 makes it a criminal offense punishable by up to five years of imprisonment and a \$250,000 fine to obstruct a criminal investigation; 18 U.S.C. §1512 makes it a criminal offense punishable by up to ten years of imprisonment and a \$250,000 fine to tamper with a witness, victim or informant; and 18 U.S.C. §1513 makes it a criminal offense punishable by up to ten years of imprisonment and a \$250,000 fine to retaliate against a witness, victim or informant, or threaten or attempt to do so.

It is a criminal offense under 18 U.S.C. §3146, if after having been released, the defendant knowingly fails to appear as required by the conditions of release, or to surrender for the service of sentence pursuant to a court order. If the defendant was released in connection with a charge of, or while awaiting sentence, surrender for the service of a sentence, or appeal or certiorari after conviction, for:

- (1) an offense punishable by death, life imprisonment, or imprisonment for a term of fifteen years or more, the defendant shall be fined not more than \$250,000 or imprisoned for not more than ten years, or both;
- (2) an offense punishable by imprisonment for a term of five years or more, but less than fifteen years, the defendant shall be fined not more than \$250,000 or imprisoned for not more than five years, or both;
- (3) any other felony, the defendant shall be fined not more than \$250,000 or imprisoned not more than two years, or both;
- (4) a misdemeanor, the defendant shall be fined not more than \$100,000 or imprisoned not more than one year, or both.

A term of imprisonment imposed for failure to appear or surrender shall be consecutive to the sentence of imprisonment for any other offense. In addition, a failure to appear may result in the forfeiture of any bail posted.

Acknowledgement of Defendant

I acknowledge that I am the defendant in this case and that I am aware of the conditions of release. I promise to obey all conditions of release, to appear as directed, and to surrender for service of any sentence imposed. I am aware of the penalties and sanctions set forth above.

Signature of Defendant

City and State

Directions to United States Marshal

The defendant is ORDERED released after processing.

The United States marshal is ORDERED to keep the defendant in custody until notified by the clerk or judicial officer that the defendant has posted bond and/or complied with all other conditions for release. The defendant shall be produced before the appropriate judicial officer at the time and place specified, if still in custody.

Date:

PROBATION FORM NO. 35 (1/92)

Report and Order Terminating Probation/ Supervised Release Prior to Original Expiration Date

United States District Court

FOR THE

Richard M. Lawrence, Clark

NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA

v.

Crim. No. 89-CR-083-001-E

Loran Eugene Hall, Sr.

On May 22, 1992, the above named was placed on supervised release for a period of three years. He/she has complied with the rules and regulations of supervised release and is no longer in need of supervised release. It is accordingly recommended that he be discharged from supervised release.

Respectfully submitted,

J. Mark Ogle, Senior U. S. Probation Officer

ORDER OF THE COURT

Pursuant to the above report, it is ordered that the defendant is discharged from supervised release and that the proceedings in the case be terminated.

Dated this _____day of __

The Honorable James O. Ellison, Chief United States District Judge

FILED

IN THE UNITED STATES DISTRICT COURT OF OKLAHOMAChard M. Lawrence, Court Clark
U.S. DISTRICT COURT

UNITED STATES OF AMERICA,,)
Plaintiff,	
vs.) Case No. 89-CR-083-005-E
DAVID ROYSE LADD,	
Defendant.)

DEFENDANT'S SUPPLEMENTAL SUBMISSION IN CONNECTION WITH ONGOING REVOCATION OF PROBATION PROCEEDINGS

On July 26 this Court considered a petition seeking revocation of David Royse Ladd's probation. After hearing oral argument the Court requested that the United States Probation Department develop further information with respect to a specific alternative treatment and rehabilitation program identified to the Court and the government by the defendant. Defendant has provided the government and Robert Boston of the United Stated Probation Office with documents generated by the Tulsa Area Council on Alcohol and Drug Abuse ("TACADA"), including the affidavit of Terry L. Stover, attached hereto as Exhibit A.

Mr. Stover is the TACADA program counsellor who personally met with Mr. Ladd and conducted extensive alcohol and drug evaluation. Ladd hereby submits to the Court the affidavit of Mr. Stover which sets forth salient facts for the Court's use in further proceedings scheduled for July 30.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant, David Royse Ladd.

CERTIFICATE OF SERVICE

I hereby certify that on the 27th day of July, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, OK 74103

Robert Boston United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, OK 74101

John E. Dowdell

ladd.supp/map

AFFIDAVIT OF TERRY L. STOVER

STATE	OF	OKLAHO	(AM	
)	SS
COUNTY	OI	TULSA)	

The undersigned, Terry L. Stover, M.S., having been duly sworn, hereby testifies and states, based upon personal knowledge, as follows:

- 1. I am the Community Assistance Program Counselor for Tulsa Area Counsel on Alcohol and Drug Abuse ("TACADA"), a Tulsa area agency of the United Way.
- 2. In the course of my responsibilities I, among other things, provide assessments and referrals for emotional, family, drug and alcohol issues for those in need.
- 3. Pursuant to the request of John E. Dowdell, I have met with David R. Ladd and conducted an alcohol and drug evaluation. Specifically on July 22, Mr. Ladd was given a number of assessments including The John Hopkins 20 Questions, The Mortimer-Filkins Interview and the Substance Abuse Subtle Screening Inventory ("SASSI") along with an oral interview.
- 4. Some of the findings of these tests indicate a loss of ability to limit his alcoholic intake to one or two drinks; the use of alcohol to ameliorate intense negative affect such as anxiety, depression or anger; an identification with the attitudes, beliefs and behaviors common to chemically dependant people; elevated levels of defensive behavior (including defensiveness of his alcohol or drug use); and chemical dependance.

- 5. It is my recommendation that Mr. Ladd is in need of a comprehensive chemical dependency program.
- 6. Based upon Mr. Ladd's residence in Canton, Ohio, I have referred him to our National Council on Alcoholism and Drug Abuse affiliate in Cleveland Heights, Ohio. That facility, Alcoholism Services of Cleveland, Inc., is located at 2490 Lee Boulevard, Suite 300, Cleveland Heights, OH 44118, and its phone number is (216) 371-5656. I have recommended to that facility that Mr. Ladd be subjected to the most direct and comprehensive program available under Mr. Ladd's circumstances.
- 7. Because of Mr. Ladd's financial status at this time, a state-funded program will be needed and it is my understanding that one will be available.
- The testing and oral interview to which Mr. Ladd was 8. submitted shows that he is in a range between that calling for inpatient and that calling for out-patient treatment. In light of Mr. Ladd's complex medical condition, it will be difficult to identify an acceptable funded in-patient program. Therefore, in lieu of such a program I have recommended that Mr. Ladd be subjected to a program of at least three (3) months duration consisting of comprehensive out-patient counselling. likewise recommended that such a comprehensive program, employed, be the most confrontational available. This program could continue well beyond three (3) months or be discontinued as directed by his primary care therapist. The program could last as long as nine (9) months or, if necessary, even longer.

9. I have further advised Mr. Ladd and TACADA's affiliate in Cleveland Heights, Ohio, that if Mr. Ladd discontinues his involvement with the program in which he is placed, I will immediately contact his attorney and the United States Probation Office in the Northern District of Oklahoma.

FURTHER AFFIANT SAYETH NOT.

Dated this 27th day of July, 1993.

TERRY L STOVER, M.S

Subscribed and Sworn to before me on this 27th day of July, 1993.

Notary Public

My Commission Expires:

ladd.affid/map

FILED

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

JUL 19 1953 P

UNITED STATES OF AMERICA,,

Plaintiff,

vs.

Case No. 89-CR-083-005-E

DAVID ROYSE LADD,

Defendant.

ORDER

The Court has for its consideration the "Application to Reschedule Hearing" ("Application") by which the Defendant seeks to reschedule the July 23 hearing regarding probation and supervised release. Upon consideration of the Application, the lack of objection of the government, and for good cause shown,

IT IS HEREBY ORDERED that the hearing on probation and supervised release currently scheduled for July 23, 1993 at 10:30 a.m. is stricken and rescheduled for August 36, 1993 at 9:30.m.

DATED this _____day of

1993.

JAMES Ø/ EL

ELLISON CHIEF TUDG

FILED

JUL 12 B

IN THE UNITED STATES DISTRICT COURT Lichard M. Lawrence, Count Clerk
FOR THE NORTHERN DISTRICT OF OKLAHOMA U.S. DISTRICT COURT

UNITED STATES OF AMERICA,,	
Plaintiff,)	
vs.	Case No. 89-CR-083-005-E
DAVID ROYSE LADD,	
Defendant.)	

UNOPPOSED APPLICATION TO RESCHEDULE PROBATION REVOCATION HEARING

The defendant, David Royse Ladd ("Ladd"), hereby respectfully requests that the probation revocation hearing, currently scheduled for July 23, 1993 at 10:30 a.m., be rescheduled for a date convenient to the Court after August 13. In support of this Application, Ladd states:

- 1. Counsel is currently committed to be out of state during two (2) consecutive weeks in connection with expert depositions in another case pending in this Court (BizJet International Sales and Support, Inc. v. Pratt & Whitney Canada, Inc., P&WC Aircraft Services, Inc., and Aviall, Inc., Case No. 91-C-904-B). Specifically, counsel will be out of state during the weeks of July 19 (inclusive of July 23) and July 26.
- 2. Counsel will also be out of state during the first two weeks of August on vacation. This vacation was planned well in advance of notice of this hearing or counsel's appointment to represent Mr. Ladd in these proceedings.
- 3. John S. Morgan, the responsible Assistant United States Attorney in this case, has been consulted and has no objection to

D, Q

this Application to Reschedule Hearing. Likewise, Robert Boston, the United States Probation Officer involved in this matter, would prefer that the matter proceed as scheduled but, under the circumstances, has no objection to the requested rescheduling.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the probation revocation hearing currently set for July 23, 1993 at 10:30 a.m. For the foregoing reasons Ladd requests that the hearing be scheduled sometime after August 13.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant.

CERTIFICATE OF MAILING

I hereby certify that on the 12th day of July, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

Robert Boston U. S. Probation Officer United States Courthouse 333 West Fourth Street Tulsa, OK 74101 John S. Morgan Asst. United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, OK 74103

John E. Dowdell

FILED

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA JUN

UNITED STATES OF AMERICA,,

Plaintiff,

vs.

DAVID ROYSE LADD,

Defendant.

HICHBRO M. Javerence, Clark
U.S. DIE JANGT COURT
NORTHERN DISTRICT OF ORDER

Case No. 89-CR-083-005-E

ORDER

The Court has for its consideration the "Application to Reschedule Hearing" ("Application") by which the Defendant seeks to reschedule the June 11 hearing regarding probation and supervised release. Upon consideration of the Application, the lack of objection of the government, and for good cause shown,

IT IS HEREBY ORDERED that the hearing on probation and supervised release currently scheduled for June 11, 1993 at 2:30 p.m. is stricken and rescheduled for July 3, 1993 at 2: H.m.

DATED this 2^2 day of

Ch

FILED

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF OKLAHOMA JUN 1 1993

UNITED STATES OF AMERICA,, Plaintiff,	Pichard M. Lawrence, Clerk) S. DISTRICT COURT) MARKET OF OKLAHOMA)
vs.) Case No. 89-CR-083-005-E
DAVID ROYSE LADD,)
Defendant.))

APPLICATION TO RESCHEDULE HEARING

The defendant, David Royse Ladd ("Ladd"), hereby respectfully requests that the probation revocation hearing, currently scheduled for June 11, 1993 at 2:30 p.m., be rescheduled for a date convenient to the Court after July 12. In support of this Application, Ladd states:

- 1. The Federal Public Defender's office contacted the office of counsel regarding representation of Ladd on Friday, May 27, 1993. At that time counsel was out of town. Counsel has not yet spoken with Ladd about the matters which are the subject of the hearing.
- 2. Additional time is necessary to obtain and review the papers relating to these proceedings, and to confer with Ladd in connection with the alleged violations of his terms of probation.
- 3. Counsel is currently committed to be out of state during three (3) consecutive weeks in connection with expert depositions in another case pending in this Court (BizJet International Sales and Support, Inc. v. Pratt & Whitney Canada, Inc., P&WC Aircraft Services, Inc., and Aviall, Inc., Case No. 91-C-904-B). Specifically, counsel will be out of state during the weeks of June

21, June 28 and July 5.

4. The United States Probation Department and John S. Morgan, the responsible Assistant United States Attorney in this case, have been consulted and there is no objection to this Application to Reschedule Hearing.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the hearing currently set for June 11, 1993 at 2:30 p.m. Ladd requests that the hearing be scheduled at least thirty (30) days hence so that the defendant (a resident of Ohio) will have ample time to fully explore with his counsel the allegations which are the subject of the scheduled hearing, and so that the above-referenced conflicts may be avoided.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2000 Mid-Continent Tower Tulsa, Oklahoma 74103

Tulsa, Oklahoma (918) 583-7571

Attorney for Defendant.

CERTIFICATE OF MAILING

I hereby certify that on the 1st day of June, 1993, a true and correct copy of the above and foregoing instrument was mailed, with proper postage thereon, to:

Robert Boston United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, OK 74101

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, OK 74103

Jøhn E. Dowdell

ladd.app/map

_	A 20 (Rev. 11/90) APPOINTMENT OF NI	D AUTHORITY	TO P	AY COURT AF	INTED COL	NSFI
1	3 APPEALS	2. MAG. DOCK	ET NO.	3. DIST. CT.	ET NO. Z VOUCE	HER NO.
	1 ☐ MAG. 2 A DIST. 4 ☐ OTHER			3. DIST. CT. 89-CR-83	-E	0381886
4	APPEALS DOCKET NO. 5. FOR (DISTRICT/CIRCUIT N.D. Oklahom			7. CHARGE/OFFE	NSE (U.S. or other	code citation) 7A. CASE COD
8	IN THE CASE OF	at a selection filtrace	O DEE	RSON REPRESENTED (FUL	L NAMES	
100	United States VS Ladd		3. FEF	David R. Lac	1000	9A. NO.
11). PERSON REPRESENTED (STATUS)		11 00	The second secon		FILE
3	☐ DEFENDANT—ADULT 3 ☐ APPELLANT 5 🏝	OTHER	11. FR	OCEEDINGS (Describe brid	etly)	
_	DEFENDANT—JUVENILE 4 APPELLEE	obationer		A 50 for \$20.00 Ab Alberta		JUN 01 1993
	PAYMENT CATEGORY C □ PETTY OFFENSE F ♣ 01		7	- ALL PROCE	EDINGS - J	W 0011 0 1 1993
		THER ion Violation			19	Richard M. Lawrence, C
13	. COURT ORDER			14 FULL NAME OF ATT	051151115	U.S. DISTRICT COUR
(Appointing Counsel F Subs. for FD			Including Suffix) ANI	ORNEY/PAYEE (Firs) MAILING ADDRES	st Name, M.I., Last Name, SS
(C ☐ Co-Counsel R ☐ Subs. for Retained Atty. Subs. for Panel Atty.			John Dowdel	1	
	Name of prior par	nel attorney	-	2900 Mdd-Co		E/O T
,				Tulsa, Okla		
1	ppt. Date Voucher No	20 10		15. WORK PHONE		
	acques the shows named (factor)			15. WORK PHONE	ment (see In:	orney have the preexisting agree structions) with a corporation,
C	ecause the above-named "person represented" has testified therwise satisfied this court that he or she (1) is financially	unable to ampley source	los	918/583-7571	including a p	professional corporation?
- 2	NO (2) does not wish to waive coursel and because the into	roote of inotice as as as	(02)			
t	ne attorney whose name appears in item 14 is appointed to rais case.	represent this person in		16B. SOCIAL SECURITY (Only provide per inst	ructions)	EMPLOYER I.D. NO. (Only provide per instructions)
	1 / V to / /ble	para de serie		16D. NAME AND MAILIN	G ADDRESS OF LA	M/ FIDM
-	Sig. of Presiding Judicial Officer or By Order of Court (Clerk/De			(Only provide per ins	ructions)	AVV I IIIIVI
	ong. of the stating staticial officer of by Order of Court (Clerk/De	eputy)		10		
1	► May 28, 1993 ►			,		
	Date of Order Nur	nc Pro Tunc Date				
		CLAIM FOR SERVICE	CES OF	FYPENSES		
	SERVICE	HOUR		DAT	ES	Multiply rate par bass
7.	a. Arraignment and/or Plea		1	2000000		Multiply rate per hour times total hours to
	b. Ball and Detention Hearings					obtain "In Court" compensation.
	c. Motions Hearings		100			Enter total below.
R	d. Trial					17A. TOTAL IN
COURT	e. Sentence Hearings			13.4		COURT COMP.
Z	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)		X 1 1 1 1 1			
1	(Rate per hour= \$60) TOTAL HOU	RS =	- VI & 1. La			
8.	a. Interviews and conferences	>				Multiply rate per hour
COURT	b. Obtaining and reviewing records					times total hours. Enter
5	c. Legal research and brief writing					total "out of court" compensation below.
5	d. Travel time (Specify on additional sheets)					18A. TOTAL OUT OF
00100	e. Investigative and other work (Specify on additional sheet	(s)				COURT COMP.
	(Rate per hour = \$40) TOTAL HOUR	RS =			7	\$
9.	TRAVEL, LODGING, MEALS ETC. AMOUN	IT	OTHER	EXPENSES	AMOUNT	19A. TOTAL TRAVEL EXP.
						\$
CALENSES						19B. TOTAL OTHER EXP.
				=		\$
5					1	20. GRAND TOTAL
-		74 11 2				CLAIMED
				W. E.S.A.		\$
	CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD			то		
=	Final Payment I Interim Payment No Hes, were you paid?	as compensation and/or	reimbur	sement for work in this case	previously been app	plied for? \(\text{VES} \text{NO}
, ,	ney to you, or to your knowledge to anyone else, in connect es, give details on additional sheets.		wnich yo	ou were appointed to provid	le representation?	YES NO
S	year or affirm the truth or correctness of the above statemen	MANUAL PROPERTY AND ADDRESS OF THE PARTY OF		The Control of the Co		•
	22. IN COURT COMP. 23. OUT OF COURT COM	SIGNATURE OF AT				DATE
-		MP. 24. TRAVEL	EXPENS	E 25. OTHER	EXPENSES	26. TOTAL AMT.
AEN	\$ \$	\$		\$		\$ APPROVED/CERT.
FOR PAYMENT	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER	2		DATE	***	27A. JUDGE/MAG. CODE
FOF	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR	DELEGATE)		DATE		29. TOTAL AMT. APPROVED

IN THE UNITED STATES DISTRICT COURT FOR THE FILED NORTHERN DISTRICT OF OKLAHOMA

UNITED ST	TATES OF AMERICA,) MAY 28 1993	m	
v.	Plaintiff, No. 89-CR-83-E No.	RT	
David	d Ladd		
	Defendant.)		
	ORDER APPOINTING COUNSEL		
completed as	this28thday ofMay, 19_93_, the above-named having an affidavit as to financial ability to employ counsel, and upon review, the Court ne affiant(s) is/are financially unable to obtain counsel. In accordance with the istrict of Oklahoma Plan for Implementing the Criminal Justice Act 1984,		
IT IS	HEREBY ORDERED that the:		
-	Federal Public Defender is appointed to represent the following:		
	in all further proceedings unless and until relieved by order of the court.		
	Federal Public Defender shall forthwith furnish the name(s) of a private attorney or attorneys, as necessary, for appointment to represent the following:		
Defendant will reimburse the government for the reasonable cost of providing representation in accordance with his/her ability to pay as determined by further order of the court.			
	Federal Public Defender is temporarily appointed to represent the following:		
Dated	1 +1:- 20+h 1 - 4		
Batcu	JEFFREY S. WOLFE UNITED STATES MAGISTRATE JUDGE		

FINANCIAL AFFIDAVIT

IN SUPPORT OF REQUEST FOR ATTORNEY, EXPERT OR OTHER COURT SERVICES WITHOUT PAYMENT OF FEE

	UNITED ST	ATES MAGISTRATE _ DISTRICT _ APPEALS COURT &	or OTHER PANEL (Specify below)	CONTRACTOR CANADA	
IN THE C	CASE OF	FOR		LOCATION NUMBER	
		vs			
		Al	, [
PE	ERSON REPR	ESENTED (Show your full name)	1 Defendant—Adult	DOCKET NUMBERS	
	\cap .	id R. Ladd	2 Defendant—Juvenile	Magistrate	
	Jau	10 K. Lada	3 ☐ Appellant	District Court	
			4 Probation Violator	896R83-05-E	
СНА	RGE/OFFENS	SE (describe if applicable & check box →)	5 ☐ Parole Violator 6 ☐ Habeas Petitioner	Court of Appeals	
/)		7 🗆 2255 Petitioner		
1	robo	etion Violation	8 Material Witness 9 Other (Specify)		
1			5 [] Other (Specify)		
		ANSWERS TO QUESTIONS REGARDIN	G ABILITY TO PAY		
1		Are you now employed? Yes No			
		Name and address of employer:			
	EMPLOY-	IF YES, how much do you	NO, give month and year of la	ast employment	
	MENT	earn per month? \$ Ho		1th \$	
		If married is your Spouse employed? Yes			
		IF YES, how much does your If a minor Spouse earn per month \$ Parents or		thly income \$	
		Have you received within the past 12 months any income fro the form of rent payments, interest, dividends, retirement or		rm of self-employment, or in	
ASSETS -	OTHER	IF YES, GIVE THE AMOUNT RECEIVED & IDENTIFY \$ 514/100_	F SOURCES	_ · · · · · · · · · · · · · · · · · · ·	
HOSEIS	INCOME	RECEIVED & IDENTIFY \$ 514/100	ADC		
		THE SOURCES			
	CASH	Have you any cash on hand or money in savings or checking	account Yes No IF YES, st	ate total amount \$	
		Do you own any real estate, stocks, bonds, notes, a	utomobiles, or other valuable pr	operty (excluding ordinary	
	PROP-	household furnishings and clothing)? Yes VALUE	DESCRIPTION		
	ERTY	IF YES, GIVE VALUE AND \$			
r		DESCRIBE IT			
•		MARITAL STATUS Total (List per	rsons you actually support and your rela	ationship to them	
		SINGLE No. of Dependents	110 LADA, JACKIE	LADD-Wife	
	DEPE	INDENTS AMARRIED A	Ad LADA - 500, De	2-Dee-Daughter	
SEPARATED OR DELISTING LADO-DAUghter					
DERTS UNIVORCED					
DEBTS & APARTMENT DE TOTAL Debt S MC					
	MON		O WITHER SH	\$ 300	
		L CREDI.	\$ 2 40	11105 59C.	
		CHARGE ATT / 2 - 5 + / / /	tus	50. ¢	
	ACCOUNT		ove to be correct.	<u> </u>	
		^ 1	PLI	-/-/-	

WARNING: A FALSE OR DISHONEST ANSWER TO A QUESTION IN THIS AFFIDAVIT MAY BE PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH

PROB 12 (Rev. 3/88) FILED

MAY # 1993 B

Richard M. Lawrence, Clerke U. S. DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

United States District Court for the NORTHERN DISTRICT OF OKLAHOMA

U. S. A. vs. David Royce Ladd

Docket No. 89-CR-083-005-E

Petition on Probation and Supervised Release

COMES NOW Robert E. Boston, Senior PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of <u>David Royce Ladd</u> who was placed on supervision by the Honorable <u>James O. Ellison</u> sitting in the court at <u>Tulsa</u>, on day of May, <u>1990</u> who fixed the period of supervision at five years, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

That the defendant reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, until discharged by the director.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT AND FOR CAUSE AS FOLLOWS:

(If short insert here; if lengthy write on separate sheet and attach)

See attachment

PRAYING THAT THE COURT WILL ORDER A Summons be issued so the defendant may be brought before the Court to show cause why his probation not be revoked.

ORDER OF COURT	Respectfu	illy, E. Boston
Considered and ordered this 320 day of May 1983 and	Lave	Probation Officer
ordered filed and made a part of the		
records in the above case.	Place _	Tulsa, Ok
Jameso Cllud		
J. S. District Judge	Date _	April 28, 1993

1/3

ATTACHMENT

1. <u>VIOLATION OF CONDITION NUMBER 7:</u> "You shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician. You shall submit to urinalysis as directed by the U. S. Probation Office."

On the following dates the defendant submitted urine specimens which tested positive for use of marijuana: December 3, 6, 13, 20, 27, and 31, 1991; January 3, 10, 13, 14, 17, 21, and 24; February 14, and 21; March 3, 5, 10, and 24, 1992; February 17, 1993; March 5, 9, and 12; and April 6, 1993.

<u>SUPPORTING INFORMATION:</u> Attached hereto and incorporated herein as Exhibit A is a copy of the Probation Form 7a, "Conditions of Probation and Supervised Release", which was signed by the defendant acknowledging that he understood those conditions. This document was witnessed by Supervising U. S. Probation, Scott Kallenburger.

Attached hereto and incorporated herein as Exhibits B(1), B(2), B(3), B(4), B(5), B(6), B(7), B(8), B(9), B(10), B(11), B(12), B(13), B(14), B(15), B(16), B(17), B(18), B(19), B(20), B(21), B(22), B(23), and B(23), are PharmChem Laboratory Reports dated Décember 3, 6, 13, 20, 27, and 31, 1991; January 3, 10, 13, 14, 17, 21, and 24, 1992; February 14, and 21, 1992; March 3, 5, 10, and 24, 1992; February 17, 1993; March 5, 9, and 12; and April 6, 1993, respectively, each showing that urine specimens submitted by the defendant on those dates tested positive for use of marijuana.

51C

PROBATION OFFICE

PROB 7A (Rev. 10/89) ⊕

(3) officer;

Conditions of Probation and Supervised Release

UNITED STATES DISTRICT COURT

FOR THE

NORTHERN DISTRICT OF OKLAHOMA

	9
Name David Royse Ladd	Docket No. 89-CR-083-05-E
2100 Harrisburg Road	
Address Canton, Ohio 44721	
4	en e
Under the terms of your sentence, you have been p	laced on probation/superwisedcrebase (strike one) by the
Honorable James O. Ellison	, United States District Judge for the District of
Northern/OK (Tulsa) . Your term of supervision	n is for a period of <u>Five (5) Years</u> ,
commencing May 15, 1990 .	w.
While on probation/supervised release (strike one), y and shall not illegally possess a controlled substance. Revo possession of a controlled substance.	you shall not commit another Federal, state, or local crime cation of probation and supervised release is mandatory for
	, x o
CHECK IF APPROPRIATE:	
As a condition of supervision, you are instructed to pay it shall be paid in the following manner	a fine in the amount of;
As a condition of supervision, you are instructed to ; it shall be paid in the following	pay restitution in the amount of to ng manner to
The defendant shall not possess a firearm or destruct	tive device. Probation must be revoked for possesion of a
firearm.	
The defendant shall report in person to the probation of 72 hours of release from the custody of the Bureau of	ffice in the district to which the defendant is released within f Prisons.
The defendant shall report in person to the probation of the custody of the Bureau of Prisons.	ffice in the district of release within 72 hours of release from
It is the order of the Court that you shall comply with	the following standard conditions:
(1) You shall not leave the judicial district without	t permission of the court or probation officer;

You shall report to the probation officer as directed by the court or probation officer, and shall submit a

You shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation

truthful and complete written report within the first five days of each month;

LABORATORIES, INC.	FED P	ATION
05-A O'Brien Drive, Menlo Park, CA 94025 HAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629571
sults Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 368 Euclid Avenue #605 6 P : 43 Cleveland, OH 44114	Employer's Name and Address Federal Probation	
OHN CLEVELAND	Account No. 1 0 0 6 2 0	303
ABM	Special Tests Requested	PLAINTIFF'S EXHIBIT S-(1)
cation Code:	<u> </u>	
	Periodic Reasonable 4 Medical 05 Cause	Other 06 Specify:
Urine Blood Urine and Blood	plit Sample (Collect only if required by Clie Yes No	
Specimen Identification (This information will appear only on plies 1,3.)		Date Collected
Specimen Identification (This information will appear on all copies.)		Social Security # 279 - 68 - 5742
Remarks Concerning Collection		Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the a collected, labeled and sealed in accordan	donor providing the certification below, that noce with the instructions provided.
	Collector's Bignature	ajovich.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompthe specimen confainer was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and trecorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided that we information provided on this form of the decase by the laboratory of the result. Donoe Signature or initials	ded-It to the collector. Further, I certify that an and on the label is correct. Also, I consent its of the analysis as well as the information
9.00	WOLLOW 629571 S	
Apply > 3arcode rertically in bottle	PLACE SPECIMEN NO. 00	14629571 S & * *
SECOND SEAL AND ODE FOR BLOOD PLIT SAMPLE. COLLECTOR'S SIGNATURE ———————————————————————————————————	OF S	SIGNATURE OR INITIALS
Shipper Airbill # Date Ship	Specimen 1505-	nChem Laboratories, Inc. A O'Brien Drive D Park, CA 94025-1435
NSTRUCTIONS TO COLLECTOR Complete all unshaded areas of form.	¥	

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.

LABORATORY

ACCOUNT NUMBER:

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

004629571

SEND TO: SPECIMEN ID:

ATT: Keith A. Koenning SPECIMEN ID:

Federal Probation Office SPECIMEN DATE: 12/03/91

100620303 BARCODE NUMBER:

668 Euclid Ave., Rm. 605 TEST TYPE:

Cleveland, OH 44114 LOCATION CODE:

ACCESSION NUMBER: 004063530

DATE RECEIVED: 12/07/91

Old Acct. No: FP 62C DATE REPORTED: 12/10/91

TEST METHODS AND DETECTION LEVELS

Drug or	Initial Test		Confirmation Test	
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Test Drug or Test

Drug Cluss			
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative '	Methadone	
Barbiturates		Methadone .	negative
Amobarbital	negative	Opiates	ŷ.
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	A
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative	,	

COMMENTS:		4	
A.			* TEST RESULT *
		Ä	* POSITIVE *

Drug class

Result

Drug class

Result

Date: 12/10/91

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

#	1		√ <u> </u>
LABORATORIES, INCID	· J .	FED '	BATION
HAIN OF CUSTODY FOR DRUG A	NALYSIS	Specimen No.	0004629574
ults Name and Address eith A. Koenning, Chief P ederal Probation Office	rob Off	Employer's Name and Ac	ddress
68 Euclid Avenue #605 leveland, OH 44114	1: 60 ; 28	Federal Proba	ition
ction Site and Address	ULLYELAND	1 0 0 0	620303
ABM ?	S	pecial Tests Requested	PLAINTIFF'S EXHIBIT
on Code:		×	
Reason For Test (Check One)	Post Pe 3 Accident 04 Me	riodic Reasona	ble D Other
Specimen Type	Split S	ample (Collect only if require	☐ 06 Specify:
Specimen Identification (This information will appear only		res No	o by cheffly
(a d cl			Date Collected
pecimen Identification (This information will appear on a	all copies.)		12/6/91
emarks Concerning Collection			Social Security #
Collection			279 - 68 - 5742 Temperature
COLLECTOR CERTIFICATION: I certify that the specimer	identified on this form is the	(ic)	
COLLECTOR CERTIFICATION: I certify that the specimer bears the same identification number as set forth above	and that it has been collect	e specimen presented to me ted, labeled and sealed in a	by the donor providing the certification below, that
		letter a	NO a distribution of provided.
ONOR CERTIFICATION AND CONSENT: I certify that the especimen confainer was sealed with a tamperproof sea the analysis of the specimen accompanying this form by corded on this form to the organization and/or individual	e specimen accompanying it in my presence and that it the laboratory and to the re- listed on this form.	this form is my own and that ne information provided on the lease by the laboratory of h	I provided it to the collector. Further, I certify that its form and on the label is correct. Also, I consent e results of the analysis as well as the information
	<u>-9\</u>	's Signature or Initials	John John John John John John John John
	op 0004629	WO. LL CO.	
Tee IIV			
D SEAL AND	OVER	ACE SPECIMEN NO. (3004629574 S
FOR BLOOD AMPLE.	SPEC		OR'S SIGNATURE OR INITIALS
200			
oper Airbill #	Date Shipped	Shin . Di	norm Ol
oper	Date Shipped		narmChem Laboratories, Inc. 05-A O'Brien Drive enlo Park, CA 94025-1435

eal and barcode as illustrated.

c donor to sign Donor Certification and Consent and initial/sign tamperproof seal.

ce specimen and laboratory copy of Chain of Custody form in shipping container.

p specimen in secure storage until shipped.

PHARMCHEM LABORATORIES, INC.

LABORATORY

ACCOUNT NUMBER:

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

004629574

SEND TO: SPECIMEN ID:

ATT: Keith A. Koenning SPECIMEN ID:

Federal Probation Office SPECIMEN DATE: 12/06/91

100620303 BARCODE NUMBER:

668 Euclid Ave., Rm. 605 TEST TYPE:

Cleveland, OH 44114 LOCATION CODE:

ACCESSION NUMBER: 004093179

DATE RECEIVED: 12/12/91

Old Acct. No: FP 62C DATE REPORTED: 12/13/91

TEST METHODS AND DETECTION LEVELS

Drug or	Initial Test		Confirmation Test	
Drug Class	Method	CutOff	Method	CutOff
=======================================				
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Test Drug or Test

	Drug class	Result	Drug class	Result
=== A	mphetamines		Cocaine Metabolite	
it	Amphetamine	negative	Benzoylecgonine	negative
	Methamphetamine	negative	Methadone	
В	arbiturates		Methadone .	negative
	Amobarbital	negative	Opiates	
	Butabarbital	negative	Codeine	negative
*	Butalbital	negative	Hydromorphone	negative
	Pentobarbital	negative	Morphine	negative
	Phenobarbital	negative	Phencyclidine	9
	Secobarbital	negative	Phencyclidine	negative
E	Benzodiazepines		Cannabinoid 100	
	ACB	negative	THC Metabolite	POSITIVE
	MACB	negative	*	. Š ₇ .
COL	MMENTS:	5		********
				* TEST RESULT *
				* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU Date: 12/13/91

LABORATORIES, IIVE	FED TON
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004629586
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office DEC 23 AD:	Federal Probation
668 Euclid Avenue #605 Cleveland, OH 44114 UHA CLEVELA	Account No. 1 0 0 6 2 0 3 0 3
Collection Site and Address AB M	Special Tests Requested PLAINTIFF'S EXHIBIT. BC3
Location Code: Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O 04	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
Specimen Type Specimen Type	Date Collected Z 3 9 Social Security # 279 - 48 - 574 Z Temperature
	m is the specimen presented to me by the donor providing the certification below, that it collected, labeled and sealed in accordance with the instructions provided. Gollector's Signature Benying this form is my own and that I provided it to the collector. Further, I certify that do that the information provided on this form and on the label is correct. Also, I consent to the allease by the laboratory of the results of the analysis as well as the information Donor's Signature or Initials
Apply Barcode vertically on bottle USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE. COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 2004629586 SOF SPECIMEN DONOR'S SIGNATURE OF INITIALS
Shipper Airbill # Date Shi	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR • Complete all unshaded areas of form.	

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
 Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

HARMCHEM LABORATORIES, INC.

ABORATORY 505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

COUNT NUMBER:	100620303	BARCODE NUMBER:	004629586
END TO: ATT: Keith A. Koenning J.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113	Keith A. Koenning, CUSPO SPECIMEN ID: Probation Office SPECIMEN DATE: Lakeside West Ste 400 TEST TYPE:		
old Acct. No: FP 62C		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004134648 12/19/91 12/20/91
	DECE MEMODE	======================================	
100		tial Test Confirma	tion Test
Drug or Drug Class	Method	CutOff Method	CutOff
Amphetamines Barbiturates	EMIT EMIT	1000 ng/ml GC/MS 300 ng/ml GC	250 ng/ml 500 ng/ml
Benzodiazepines	EMIT	300 ng/ml GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml GC	300 ng/ml
Methadone	EMIT	300 ng/ml GC	300 ng/ml
Opiates	EMIT	300 ng/ml GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml HPTLC	50 ng/ml
	 TE	ST RESULTS	
Drug or	Test	Drug or	Test
Drug class	Result	Drug class	Result
Amphetamines Amphetamine	========= negativ	Cocaine Metabolite Benzoylecgonine	negative
Methamphetamine	negativ		
Barbiturates		Methadone	negative
Amobarbital	negativ	e Opiates	
Butabarbital	negativ	e Codeine	negative
Butalbital	negativ	e Hydromorphone	negative
Pentobarbital	negativ	e Morphine	negative
Phenobarbital	negativ		
Secobarbital	negativ		negative
Benzodiazepines		Cannabinoid 100	DOCUMENT
ACB	negativ		POSITIVE
MACB	negativ	re	
COMMENTS:		, , , , , , , , , , , , , , , , , , ,	************ * TEST RESULT * * POSITIVE * *********

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in coordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LING LIU

Date: 12/20/91

LABORATORIES, INC.	FED . BATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004629526
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 DEC 27 A 9:5 Cleveland, OH 44114	Employer's Name and Address Federal Probation
UNE CLEVELAN	Account No. 1 0 0 6 2 0 3 0 3
Collection Site and Address ABM Location Code:	Special Tests Requested THE PLAINTIFF'S EXHIBIT R(4)
Reason For Test (Check One)	Periodic Reasonable Other
☐ 01 Preemployment ☐ 02 Random ☐ 03 Accident ☐ 0	4 Medical 05 Cause 06 Specify:
Urine Blood Urine and Blood	Yes No Date Collected
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.)	12/20/91 Social Security # 279-68-5742
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.
	Gollector's Signature Gollector's Signature
DONOR CERTIFICATION AND CONSENTS Tearify that the specimen accompanying this form by the laboratory and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector, Further, I certify that d that the information provided on this form and on the label is correct. Also, I consent to the mease by the laboratory of the results of the analysis as well as the information. Donor's Signature or Initials
Apply ► Barcode	1629526 5 ® * 15
Apply Barcode vertically on bottle USE SECOND SEAL AND COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 0004629526 S DONOR'S SIGNATURE OR INITIALS
BARCODE FOR BLOOD OR SPLIT SAMPLE.	
Shipper Airbill # Date Shi	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR • Complete all <u>unshaded</u> areas of form. • Affix tamperproof seal and barcode as illustrated.	

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

HARMCHEM LABORATORIES, INC.

ABORATORY

505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

BARCODE NUMBER:	004629526
CDECIMEN ID.	
SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	12/20/91
ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004171066 12/27/91 01/01/92
AND DETECTION LEVELS	
	ion Test CutOff
1000 ng/ml GC/MS 300 ng/ml GC 300 ng/ml GC/MS 25 ng/ml GC/MS 100 ng/ml HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
ESŤ RESULTS	
Drug or Drug class	Test Result
ve Methadone	negative negative
ve Opiates ve Codeine ve Hydromorphone ve Morphine	negative negative negative
ve Phencyclidine Cannabinoid 100	negative POSITIVE
ze	************** * TEST RESULT * * POSITIVE * **********************************
	TEST TYPE: LOCATION CODE: ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED: AND DETECTION LEVELS itial Test Confirmat CutOff Method 1000 ng/ml GC/MS 300 ng/ml GC 300 ng/ml GC 300 ng/ml GC 300 ng/ml GC 300 ng/ml GC/MS 25 ng/ml GC/MS 25 ng/ml GC/MS 100 ng/ml HPTLC EST RESULTS Cocaine Metabolite We Benzoylecgonine We Methadone Methadone We Methadone

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LORRIE SEDILLOS

Date: 01/01/92

	LABORATORIES, INC.	FED ABA	ATION		
	1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004629538		
	Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114				
	GHR CLEVELAN	Account No. 1 00620.	303		
	Collection Site and Address ABM	Special Tests Requested	PLAINTIFF'S EXHIBIT RIST		
	Location Code: Reason For Test (Check One) Post	Periodic Reasonable	Other .		
	☐ 01 Preemployment ☐ 02 Random ☐ 03 Accident ☐ 0	4 Medical U 05 Cause	06 Specify:		
	Specimen type	olit Sample (Collect only if required by Client Yes No			
	Specimen Identification (This information will appear only on plies 1,3.)		Date Collected (ストマーペー		
	Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.)		Social Security #		
			279-68-574Z		
	Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided.				
	COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the do collected, labeled and sealed in accordance	onor providing the certification below, that e with the instructions provided.		
ene.	To bears the same identification number as sortions as	lettrey Q. N	ragovich		
٠		Collector's Signature	and if to the collector Further, I certify that		
	OONOR CERTIFICATION AND CONSENT: I certify that the specimen accomplishes specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form.	d that the friedmation provided on this form to the recess by the laboratory of the results Donor's Signature or Initials	and on the label is correct. Also, I consent of the analysis as well as the information		
	of 000	1629538 5 % # 1878			
	Apply ► Barcode vertically on bottle	PLACE OVER CAP OF			
	USE SECOND SEAL AND BARCODE FOR BLOOD COLLECTOR'S SIGNATURE		SIGNATURE OR INITIALS		
	OR SPLIT SAMPLE.	pped Ship ► Pharm	Chem Laboratories, Inc.		
	Shipper Airbill #	Specimen 1505-A	O'Brien Drive Park, CA 94025-1435		
6	INSTRUCTIONS TO COLLECTOR • Complete all unshaded areas of form				

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- · Distribute copies of Chain of Custody form as indicated on each copy.

HARMCHEM LABORATORIES, INC.

ABORATORY

505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT ABM

					MOHA
CCOUNT NUMBER:	100620303	BARCODE NUME	BER:		004629538
END TO: ATT: Keith A. Koenning J.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113	400	SPECIMEN ID: SPECIMEN DATEST TYPE: LOCATION COL	: re:	•	12/27/91
Old Acct. No: FP 62C		ACCESSION NU DATE RECEIVE DATE REPORTE	ED:		004197820 01/03/92 01/03/92
Drug or Drug Class	TEST METHODS Ini Method	======= AND DETECTION tial Test CutOf	Conf	irmation T	est utOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	300 ng 300 ng 300 ng 300 ng 300 ng 300 ng 25 ng 100 ng	g/ml GC g/ml GC g/ml GC g/ml GC g/ml GC/MS g/ml GC/MS	5 2 3 3 1	50 ng/ml 00 ng/ml 00 ng/ml 00 ng/ml 00 ng/ml 50 ng/ml 25 ng/ml 50 ng/ml
Drug or Drug class	TE Test Result	SŤ RESULTS	Drug or rug class		Test Result
Amphetamines Amphetamine Methamphetamine	negativ negativ	re Benze re Methade	e Metabolite oylecgonine one adone		gative
Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital	negativ negativ negativ negativ negativ	re Opiate re Code re Hydro re Morpi	s ine omorphone	ne ne	egative egative egative
Secobarbital Benzodiazepines ACB MACB	negativ negativ negativ	re Phen Cannab re THC	cyclidine inoid 100 Metabolite		egative OSITIVE
COMMENTS:					**************************************

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LING LIU

Date: 01/03/92

* POSITIVE * ********

	FE	FED COBATION			
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specim		0004629542		
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office	0.00	Name and Address	n		
668 Euclid Avenue #605 Cleveland, OH 44114	Account No	10062	0303		
4	Special Tes	sts Requested	0202		
Collection Site and Address ABM 2 Collection Code:	T H		PLAINTIFF'S EXHIBIT B(6)		
Reason For Test (Check One) O1 Preemploymen	Periodic 04 Medical	Reasonable 05 Cause	Other 06 Specify:		
Specimen Type	Split Sample (Co	llect only if required by	Client)		
Urine Blood Urine and Blood Specimen Identification (This information will appear only on plies 1,3.)	les		Date Collected		
Specimen Identification (This information will appear on all copies.)			Social Security # 279-68-5742-		
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has be			Temperature		
	Cottector's S	Huya.	Dragovich.		
DONOR CERTIFICATION AND CONSENT; I certify that the specimen according to the specimen container was sealed with a tamperproof seal in my presence to the analysis of the specimen accompanying this form by the laboratory a recorded on this form to the organization and/or individual listed on this form.		m is my own and that mation provided on this by the aboratory of the lature or Initials	oroyided it to the sollector. Furner 1 certify that form and on the label is correct. Also, I consent results of the analysis as well as the Information.		
0.00	0462954	25 ^a			
Apply Barcode vertically on bottle	PLACE OVER CAP	SPECIMEN NO.	0004629542 S		
USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE. COLLECTOR'S SIGNATURE	SPECIMEN	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	OR'S SIGNATURE OR INITIALS		
Comppet.	Shipped	Specimen 1	harmChem Laboratories, Inc. 505-A O'Brien Drive Ienlo Park, CA 94025-1435		
INSTRUCTIONS TO COLLECTOR	1				

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

AMCHEM LABORATORIES, INC. BORATORY

05-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

τ.				
COUNT NUMBER:	100620303	BARCODE NUMBER:	=======	 004629542
ND TO: TT: Keith A. Koenning .S. Probation Office 10 Lakeside West Ste leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		12/31/91
ld Acct. No: FP 62C		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:		004210999 01/06/92 01/09/92
		AND DETECTION LEV		
Drug or Drug Class	Ini Method	tial Test CutOff	Confirm Method	nation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
		========== ST. RESULTS		=======================================
Drug or Drug class	Test Result	Drug Drug cl	lass	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negative negative	Cocaine Meta e Benzoyleco e Methadone Methadone	abolite	negative
Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative	Codeine Hydromorph Morphine		negative negative negative
Secobarbital Benzodiazepines ACB	negative negative	Phencyclic Cannabinoid THC Metabo	dine 100	negative POSITIVE
MACB)MMENTS:	negative	9		************* * TEST RESULT * * POSITIVE * ********

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, it the specimen has been examined upon receipt, handled and analyzed in sordance with applicable requirements, and that these results are for that

ults Certified by: SUZANNE SAMPSON

Date: 01/09/92

LABORATORIES, INC.	FED PRABATION
J'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 000 4629549
Hesults Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office	Employer's Name and Address Federal Probation
668 Euclid Avenue #605 Cleveland, OH 44114	Account No.
	Account No. 1 0 0 6 2 0 3 0 3
Collection Site and Address ABM	Special Tests Requested THC PLAINTIFF'S EXHIBIT BC2
Location Code:	
Reason For Test (Check One) 01 Preemployment 02 Random 03 Accident 0 04	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
Specimen Type Urine Blood Urine and Blood	olit Sample (Collect only if required by Client) Yes 100
Specimen Identification (This information will appear only on plies 1,3.)	Date Collected
Specimen Identification (This information will appear on all copies.)	Social Security # 279 - 68 - 5742
Remarks Concerning Collection	Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.
6 6 6	Collector's Signature
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accomp the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or addividual listed on this form.	anying his ferm is my own and that I provided it to the collector. Further, I certify that it that the information provided on this form and on the label is correct. Also, I consent to the sease by the laboratory of the results of the analysis as well as the information Donor's Signature or Initials.
	4629549 S ®



OR SPLIT SAMPLE.



(/ PLACE \ SPECIMEN NO. 0004629549
	OVER CAP)
COLLECTOR'S SIGNATURE	SPECIMEN DONOR'S SIGNATURE OR INITIAL

Shipper	Airbill #	Date	Ship	oped		Ship Specimen	PharmChem Laboratories, Inc. 1505-A O'Brien Drive
20		ι	3	92	-	То	Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.

REPORT

)5-A O'Brien Drive,	Menlo Park, C.	A, 94025		REPORT
COUNT NUMBER:	100620303	BARCODE NUMBI	========= ER:	
ND TO: TT: Keith A. Koenning .S. Probation Office 10 Lakeside West Ste leveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATI TEST TYPE: LOCATION CODE		01/03/92
ld Acct. No: FP 62C		ACCESSIÓN NUI DATE RECEIVEI DATE REPORTEI	D:	004215692 01/06/92 01/08/92
	macm vemuope f	AND DETECTION	T DVDI C	
Drug or Drug Class		tial Test CutOff		nation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng. 300 ng. 300 ng. 300 ng. 300 ng. 300 ng. 25 ng. 100 ng.	/ml GC /ml GC /ml GC /ml GC /ml GC/MS /ml GC/MS	250 ng/ml 500 ng/ml 200 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
-=====================================		=========	==========	======================================
Drug or Drug class	TE Test Result		Drug or ug class	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital	negativ negativ negativ	e Benzo e Methado Metha e Opiates	done	negative negative negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negativ negativ negativ negativ	e Hydro e Morph	morphone ine	negative negative
Secobarbital Benzodiazepines ACB MACB	negativ negativ negativ	Cannabi e THC M	yclidine noid 100 etabolite	negative POSITIVE
OMMENTS:				************ * TEST RESULT * * POSITIVE *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

	FED POPATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004629560
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 JAN 15 Cleveland, OH 44114	Employer's Name and Address Federal Probation
Cleveland, OH 44114	Account No. 1 0 0 6 2 0 3 0 3
Collection Site and Address ARM	Special Tests Requested THC PLAINTIFF'S EXHIBIT B(8)
Location Code:	
Specimen Type Specimen Type	Periodic Reasonable Other Medical 05 Cause 06 Specify: Ilit Sample (Collect only if required by Client) Yes No
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	Date Collected 11092 Social Security # 279 - 48 - 5742 Temperature
	Callectors strature.
DONOR-CERTIFICATION AND CONSENT. I certify that the specimen accomp the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to the corded on this form to the organization and/or Individual listed on this form.	arving this form is my own and that I provided it to the collector. Further, I certify that it that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the analysis as well as the information. Donor's Signature or Initials
Apply ► Barcode vertically	629560 S ^Q
ON BARCODE FOR BLOOD OR SPLIT SAMPLE.	PLACE OVER CAP OF SPECIMEN NO. 0004629560 S DONOR'S SIGNATURE OR INITIALS
Shipper Airbill # Date Ship	Ship Specimen Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR • Complete all <u>unshaded</u> areas of form. • Affin temperature scal and basede as illustrated.	

- Affix tamperproof seal and barcode as illustrated.
 Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
 Keep specimen in secure storage until shipped.

'stribute copies of Chain of Custody form as indicated on each copy.

5-A O'Brien Drive,	Menlo Park, C.	A, 94025		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
OUNT NUMBER:	100620303	BARCODE NUMBER	======================================	004629560
T: Keith A. Koenning S. Probation Office O Lakeside West Ste eveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		01/10/92
		ACCESSION NUMB	ER:	004257641
1 7 - 1 7 - 7D 62G		DATE RECEIVED: DATE REPORTED:		01/14/92 01/17/92
d Acct. No: FP 62C	=========	DATE REPORTED:	========	===========
	TEST METHODS	AND DETECTION L	EVELS	
Drug or		tial Test		ation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/m		250 ng/ml 500 ng/ml
Barbiturates	EMIT	300 ng/m 300 ng/m	F4. II II	200 ng/ml
Benzodiazepines Cocaine Metabolite	EMIT EMIT	300 ng/m		300 ng/ml
Methadone	EMIT	300 ng/m		300 ng/ml
Opiates	EMIT	300 ng/m	70 M M	150 ng/ml
Phencyclidine	EMIT	25 ng/m	1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 - 1987 -	25 ng/ml
Cannabinoid 100	EMIT	100 ng/m		50 ng/ml
:======================================		EEEEEEEEEEEE	========	
D		ST RESULTS	ug or	Test
Drug or	Test Result		class	Result
Drug class	=======================================	=========	========	=======================================
Amphetamines			etabolite	*
Amphetamine	negativ		ecgonine	negative
Methamphetamine	negativ			
Barbiturates		Methado	ne	negative
Amobarbital	negativ			
Butabarbital	negativ			negative
Butalbital	negativ			negative
Pentobarbital	negativ			negative
Phenobarbital	negativ			negative
Secobarbital Benzodiazepines	negativ	Cannabino		negacive
ACB	negativ		abolite	POSITIVE
MACB	negativ			
	guoi.	al al		
OMMENTS:	5 %			******
*				* TEST RESULT *
				* POSITIVE *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

sults Certified by: MIKE MCMANAMON

Date: 01/17/92

LABORATORIES, IN	FED POBATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004930428
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office	Employer's Name and Address Federal Probation
668 Euclid Avenue #605 Cleveland, OH 44114	Account No. 1 0 0 6 3 0 1 0 1
	Account No. 1 0 0 6 2 0 1 0 1 Special Tests Requested
Collection Site and Address Team II	-THC -THC
Location Code:	
Specimen Type Specimen Type Blood Urine and Blood	Periodic Reasonable Other 04 Medical 05 Cause 06 Specify: plit Sample (Collect only if required by Client) Yes No
Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 1-13-92
Specimen Identification (This information will appear on all copies.)	Social Security #
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been set forth above.	rm is the specimen presented to me by the donor providing the certification below, that n collected, labeled and sealed in accordance with the instructions provided.
	With Schnedenburg
DONGE CERTIFICATION AND CONSENT: I certify that the specimen accommodities specimen container was spaled with a temperproof spal in my presence as	Collector's Signature panying this form is my own and that I provided it to the collector. Further, I certify that and the original information provided on this form and on the label is correct. Also, I consent
the specimen container was scaled with a tamper proof sear in the laboratory and to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	panying this form is my own and that I provided it to the collector. Further, I certify that and their recommendation provided on this form and on the label is correct. Also I consent to the release by the laboratory of the results of the analysis as well as the information.
o contract of the contract of	Donor's Signature or Initials
	SPECIMEN NO. 0004930428
Apply Barcode vertically COLLECTOR'S SIGNATURE	PLACE OVER CAP OF DONOR'S SIGNATURE OR INITIALS DESCRIPTION OF THE PROPERTY OF
vertically on bottle	\SPECIMEN / PharmChem Laboratories, Inc.
USE SECOND SEAL AND BARCODE FOR BLOOD	
OR SPLIT SAMPLE. Date St Date St	Specimen 1505-A O'Brien Drive
	To Menlo Park, CA 94025-1435
INSTRUCTIONS TO COLLECTOR • Complete all <u>unshaded</u> areas of form.	

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

3ORATORY

REPORT

)5-A O'Brien Drive,	Menlo Park, C	A, 9	94025		REPORT
COUNT NUMBER:	100620101	BARC	CODE NUMBER:		004930428
ID TO: T: Keith A. Koenning S. Probation Office O Lakeside West Ste eveland, OH 44113	400	SPEC SPEC TEST	CIMEN ID: CIMEN ID: CIMEN DATE: TYPE: ATION CODE:		01/13/92
d Acct. No: FP 62A		DATE	SSION NUMBE RECEIVED: REPORTED:	R:	004282830 01/18/92 01/22/92
	TEST METHODS	AND D	ETECTION LE	VELS	
Drug or		tial			mation Test
Drug Class	Method		CutOff	Method	CutOff
Amphetamines	EMIT	====	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT		300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT		300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT		300 ng/ml		300 ng/ml
Methadone	EMIT		300 ng/ml		300 ng/ml
Opiates	EMIT		300 ng/ml		150 ng/ml
Phencyclidine	EMIT		25 ng/ml		25 ng/ml
Cannabinoid 100	EMIT	====	100 ng/ml	HPTLC	50 ng/ml
	TES	ST RE	SULTS		
Drug or	Test			gor	Test
Drug class	Result	*	Drug d		Result
Amphetamines	=========	-===	Cocaine Met	tabolito	
Amphetamine	negative	<u>.</u>	Benzoyle		negative
Methamphetamine	negative		Methadone	ogoniino	negacive
Barbiturates	3		Methadone	9	negative
Amobarbital	negative	9	Opiates		
Butabarbital	negative		Codeine		negative
Butalbital	negative		Hydromorp	phone	negative
Pentobarbital	negative		Morphine		negative
Phenobarbital Secobarbital	negative		Phencyclid		
Benzodiazepines	negative	9	Phencycli		negative
ACB	noonties	1	Cannabinoio		
MACB	negative negative		THC Metal	olite	POSITIVE
	negacive	=			
MMENTS:	180			*	*****
					* TEST RESULT *
					* POSITIVE *
, x					

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, it the specimen has been examined upon receipt, handled and analyzed in sordance with applicable requirements, and that these results are for that scimen.

	LABORATORIES, I.	FED PATION
1505	5-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929419
Resi K F	ults Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office	Employer's Name and Address Federal Probation
	68 Euclid Avenue #605 leveland, OH 44114 92 JAN 21 Pl	1
	ST.	Account No. 100620101
	ection Site and Address	THC IPLAINTIFFS IEXHIBIT
Loca	ttion Code:	
		Periodic Reasonable Other Other Of Specify:
Ø		olit Sample (Collect only if required by Client) Yes No
COMPLETES	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected
OMP	Specimen Identification (This information will appear on all copies.)	Social Security # 279 - 68 - 5742—
COLLECTOR	Remarks Concerning Collection	Temperature
COLL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	n is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.
		kHay a. Dragowich.
DONOR	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanies specimen container was sealed with a temperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and trecorded on this form to the organization and/or individual listed on this form.	Anying this form is my own and that I provided it to the collector. Further, I certify that it is the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the diralysis as well as the information ponor's Signature or Initials.
	oply ► arcode	929419 S
ve	rtically bottle	(PLACE OVER CAP) SPECIMEN NO. 0004929419
BARCO	COULECTOR'S SIGNATURE LIT SAMPLE.	OF SPECIMEN DONOR'S SIGNATURE OR INITIALS
	Shipper Airbill # Date Ship	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
	STRUCTIONS TO COLLECTOR Complete all <u>unshaded</u> areas of form.	5

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

15-A O'Brien Drive, N	Menlo Park, C	A, 94025		REPORT
COUNT NUMBER:	100620101	BARCODE NUMBER:		004929419
ID TO: T: Keith A. Koenning, S. Probation Office Lakeside West Ste 4 Leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		01/14/92
ld Acct. No: FP 62A		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:	:	004282142 01/17/92 01/22/92
r	EST METHODS	AND DETECTION LEV	 ELS	
Drug or		tial Test		mation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	======================================	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
	TE:	======================================		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug c	lass	Result
Amphetamines	========		bolito	==============
Amphetamine	negative			negative
Methamphetamine	negative		jonine	negacive
Barbiturates		Methadone		negative
Amobarbital	negative	e Opiates		
Butabarbital	negative	e Codeine		negative
Butalbital	negative	e Hydromorph	one	negative
Pentobarbital	negative			negative
Phenobarbital	negative	2	ıe	
Secobarbital	negative	Phencyclic	line	negative
Benzodiazepines		Cannabinoid		- -
ACB	negative		lite	POSITIVE
MACB	negative	9		
DMMENTS:				****

				* TEST RESULT *

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in sordance with applicable requirements, and that these results are for that scimen.

sults Certified by: LING LIU

Date: 01/22/92

POSITIVE *

	LABORATORIES, INC.	FED POTATION
	-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929424
F 6	of the state of th	Employer's Name and Address Federal Probation 24 Account No. 4 5 5 5 5 4 5 4
	- Hi CLEVE	AND 100620101
	ction Site and Address ABM	Special Tests Requested THC EXHIBIT B(11)
Loca	tion Code:	
	_ critecinpoyment _ criterion _ criterion	Periodic Reasonable Other 14 Medical 05 Cause 06 Specify:
		plit Sample (Collect only if required by Client) Yes No
COMPLETES	Specimen Identification (This information will appear only on plies 1,3.) add Specimen Identification (This information will appear on all copies.)	Date Collected I I 7 4 2 Social Security #
ECTOR	Remarks Concerning Collection	279-68-574-2 Temperature
COLL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that a collected, labeled and sealed in accordance with the instructions provided.
	*	latter a. Dragovich.
DONOR COMPLETES	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompathe specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the aboratory and to recorded on this form to the organization and/or individual listed on this form.	anying ris form is my own and that I provided it to the collector. Further, I certify that did that the information provided on this form and on the label is correct. Also, I consent to the elease by the laboratory of the results of the analysis as well as the information. Donor's Signature or Initials
	ply ▶ Pog 4	929424 S [®]
vei	ply roode tically bottle	(PLACE OVER CAP OF SPECIMEN NO. 0004929424
BARCO	COND SEAL AND COLLECTOR'S SIGNATURE IT SAMPLE.	SPECIMEN DONOR'S SIGNATURE OR INITIALS
	Shipper Airbill # Date Ship	Ship Specimen Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
	STRUCTIONS TO COLLECTOR Complete all <u>unshaded</u> areas of form.	

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

ABM

RMCHEM LABORATORIES, INC. ORATORY

5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

			_ = _	
OUNT NUMBER:	100620101	BARCODE NUMBER:		004929424
D TO: T: Keith A. Koenning, S. Probation Office		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE:		01/17/92
0 Lakeside West Ste 4 eveland, OH 44113	:00	TEST TYPE: LOCATION CODE:		
		ACCESSION NUMBER:	•	004300590
d Acct. No: FP 62A		DATE RECEIVED: DATE REPORTED:		01/22/92 01/24/92
T	EST METHODS	AND DETECTION LEVELS	l e las	
Drug or Drug Class	Method		Confirmatio Method	n Test CutOff
Amphetamines	EMIT	1000 ng/ml (C/MS	250 ng/ml
Barbiturates	EMIT		iC .	500 ng/ml
Benzodiazepines	EMIT		iC .	200 ng/ml
Cocaine Metabolite	EMIT		C .	300 ng/ml
Methadone	EMIT		iC .	300 ng/ml
Opiates	EMIT		C/MS	150 ng/ml
Phencyclidine	EMIT		C/MS	25 ng/ml
Cannabinoid 100	EMIT		PTLC	50 ng/ml
		ST RESULTS		
Drug or	Test	Drug or	,	Test
Drug class	Result		s .	Result
Amphetamines		Cocaine Metabo	lite	
Amphetamine	negativ	e Benzoylecgor	ine	negative
Methamphetamine	negativ			_
Barbiturates		Methadone		negative
Amobarbital	negativ			
Butabarbital	negativ			negative
Butalbital	negativ		e	negative
Pentobarbital	negativ			negative
Phenobarbital	negativ			
Secobarbital	negativ			negative
Benzodiazepines		Cannabinoid 10		
ACB MACB	negativ		te	POSITIVE
MACE	negativ	е		
OMMENTS:	Ñ		**	*****
			*	TEST RESULT * POSITIVE * ********

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

sults Certified by: LING LIU

Date: 01/24/92

	L'ABORATORIES, IN .	FED P	MOITAFO
	6-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004929427
Resi	ults Name and Address	Employer s Name and	Address
F	eith A. Koenning, Chief Prob. Off ederal Probation Office	Federal Pro	pation
6 C	68 Euclid Avenue #605 27 all	: 45	
	•	Account No.	0620101
Colle	ection Site and Address	Special Tests Requeste	ed
	ABM .	THC	PLAINTIFF'S
1	· · · · · · · · · · · · · · · · · · ·	6	RID)
1	*		Ball School Scho
Loca	tion Code:		
	Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O 04	Periodic Rea 4 Medical 05 Cau	sonable Other se Of Specify:
	Specimen Type Sp	olit Sample (Collect only if re	quired by Client)
ES	Urine ☐ Blood ☐ Urine and Blood Specimen Identification (This information will appear only on plies 1,3.)	Yes No	Date Collected
LET	Ladd		1/21/92
COMPLETES	Specimen Identification (This information will appear on all copies.)		Social Security # 279-68-5742
B C	Remarks Concerning Collection		Temperature
СТО	•		
COLLECTOR	COLLECTED OF DESCRIPTION Leadily that the excellent identified on this form	n is the specimen presented	to me by the donor providing the certification below, that
ပ္ပ	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	collected, labeled and seale	d in accordance with the instructions provided.
		XIA.,	(2)
		Collector's Signature	C. William .c.c.
DONOR	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompa- the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	Wast	Chala
		Donor's Signature or Initial	
Ar		929427 S [®]	
ve	poly Parcode rtically bottle	/ PLACE \ SPECIME	N NO. 0004929427 S
USE SI	COLLECTOR'S SIGNATURE DE FOR BLOOD	OVER CAP OF SPECIMEN	DONOR'S SIGNATURE OR INITIALS
UK SP	LIT SAMPLE. Shipper Airbill # Date Ship	ped Ship	PharmChem Laboratories, Inc.
	70	1 Specimen	1505-A O'Brien Drive Menlo Park, CA 94025-1435
	U		
	STRUCTIONS TO COLLECTOR	*	
	Complete all <u>unshaded</u> areas of form. Affix tamperproof seal and barcode as illustrated.		

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

COUNT NUMBER:	100620101	BARCODE NUMBER:	004929427
ND TO: TT: Keith A. Koenning, .S. Probation Office 10 Lakeside West Ste 40 leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	01/21/92
ld Acct. No: FP 62A	8	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004319558 01/25/92 01/28/92
	COM MEMUODOA	AND DETECTION LEVELS	==========
Drug or Drug Class			ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml GC/MS 300 ng/ml GC 300 ng/ml GC/MS 25 ng/ml GC/MS 100 ng/ml HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
	:========= :am	'm preu me	=======================================
Drug or Drug class	Test Result	T RESULTS Drug or Drug class	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negative negative	Methadone	negative
Amobarbital	negative	Methadone	negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative	Codeine Hydromorphone Morphine	negative negative negative
Secobarbital Benzodiazepines	negative	Phencyclidine Cannabinoid 100	negative
ACB MACB	negative negative		POSITIVE
OMMENTS:	· · · · · · · · · · · · · · · · · · ·		

		×	* TEST RESULT * * POSITIVE *

I certify that the specimen identified by this accession number is the same secimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in secimen.

sults Certified by: SUZANNE SAMPSON

Date: 01/28/92

POSITIVE

	LABORATORIES, IN	FED TOATION
	5-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929434
F	ults Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office A.	Employer's Name and Address Federal Probation
	68 Euclid Avenue #605 leveland, OH 44114	:Дорбунт No. 100620101
	ection Site and Address AGM ation Code:	Special Tests Requested THO: PLAINTIFF'S EXHIBIT B (13)
	Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O4	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
COLLECTOR COMPLETES	Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection	plit Sample (Collect only if required by Client) Pate Collected 24 42 Social Security # 279-68-5742 Temperature Temperature
00	it bears the same identification number as set forth above and that it has been	Collected, labeled and sealed in accordance with the instructions provided.
DONOR	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanies the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector. Further, I certify that did that the information provided on this form and on the label is correct. Also, I consent to the elease by the laboratory of the results of tile analysis as well as the information. Donor's Signature or Initials
	oply Parcode prically bettle	929434 S [®]
OF USE SI BARCO	econd seal and collector's signature lit sample.	PLACE OVER CAP OF SPECIMEN NO. 0004929434 S DONOR'S SIGNATURE OR INITIALS
	Shipper Airbill # Date Ship	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
IN	STRUCTIONS TO COLLECTOR	

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

OUNT NUMBER:	100620101	BARCODE NUMBER: 004929	9434
D TO: T: Keith A. Koenning S. Probation Office O Lakeside West Ste eveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	1/92
d Acct. No: FP 62A		ACCESSION NUMBER: 004343 DATE RECEIVED: 01/29 DATE REPORTED: 01/30	9/92
	TEST METHODS	AND DETECTION LEVELS	
Drug or Drug Class	Method	tial Test Confirmation Test CutOff Method CutOff	
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml GC/MS 250 ng/m 300 ng/ml GC 500 ng/m 300 ng/ml GC 200 ng/m 300 ng/ml GC 300 ng/m 300 ng/ml GC 300 ng/m 300 ng/ml GC/MS 150 ng/m 25 ng/ml GC/MS 25 ng/m 100 ng/ml HPTLC 50 ng/m	nl nl nl nl nl nl nl
		T RESULTS	
Drug or Drug class	Test Result	Drug or Test Drug class Result	
Amphetamines Amphetamine Methamphetamine Barbiturates	negativ negativ		
Amobarbital Butabarbital Butalbital Pentobarbital	negativ negativ negativ negativ	e Opiates e Codeine negative e Hydromorphone negative	
Phenobarbital Secobarbital Benzodiazepines ACB	negativ negativ negativ	e Phencyclidine e Phencyclidine negative Cannabinoid 100 e THC Metabolite POSITIVE	
MACB	negativ	e	
)MMENTS:	,	********* * TEST RESUI * POSITIVE ********	T *

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, it the specimen has been examined upon receipt, handled and analyzed in sordance with applicable requirements, and that these results are for that scimen.

sults Certified by: LING LIU

Date: 01/30/92

		F	FED TOBATION		
	5-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Speci	men No.	000 4929463	
F 6	ults Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office 68 Euclid Avenue #605 [2]	Fede	r's Name and Ad		
		Account	No. 10(0620101	
	ection Site and Address ABM	1147	Tests Requested	PLAINTIFF'S IEXHIBIT	
	Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident	Periodic O4 Medical	Reasor 05 Cause	other 06 Specify:	
	Specimen Type Urine Blood Urine and Blood	Split Sample	(Collect only if requi	red by Client)	
COMPLETES	Specimen Identification (This information will appear only on plies 1,3.)			Date Collected 2/14/9 Z	
COMP	Specimen Identification (This information will appear on all copies.)			Social Security # 279-68-5742	
COLLECTOR	Remarks Concerning Collection			Temperature	
COLI	COLLECTOR CERTIFICATION: I certify that the specimen identified on the it bears the same identification number as set forth above and that it has	nis form is the spe s been collected,	ecimen presented to labeled and sealed in	A accordance with the instructions provided.	
	er en	Collector's	s Signature	. Uregovile.	
DONOR COMPLETES	DONOR CERTIFICATION AND CONSENT: I certify that the specimen ac the specimen container was sealed with a temperproof seal in my present to the analysis of the specimen accompanying this form by the laboratory recorded on this form to the organization and/or individual listed on this f		form's my swaland formation provided a be by the laboratory and the laboratory alignature or Initials	that i provided it to the collector. Further, I certify that in this form and on the label is correct. Also, I consent of the results of the arrays as well as the information	
Ва	apply Parcode rtically				
	bottle	OVER O	SPECIMEN I	No. 0004929463 S	
BARCO	COND SEAL AND COLLECTOR'S SIGNATURE DE FOR BLOOD LIT SAMPLE.	SPECIA	IEN/	DONOR'S SIGNATURE OR INITIALS	
	1	e Shipped 2/14/92_	Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435	
• (INSTRUCTIONS TO COLLECTOR • Complete all <u>unshaded</u> areas of form. • Affix tamperproof seal and barcode as illustrated.				

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute conies of Chain of Custody form as indicated on each copy.

35 M G Blich Blive, M	chio rain, c	11, 54025		TELL OICE
JOHN MARKE	=======================================			
COUNT NUMBER:	100620101	BARCODE NUMBER:		004929463
ND TO: PT: Keith A. Koenning, .S. Probation Office 10 Lakeside West Ste 4 leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		02/14/92
ld Acct. No: FP 62A	- N	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004477909 02/22/92 02/26/92
	======= EST METHODS &	AND DETECTION LEVE	ELS	
Drug or Drug Class		tial Test CutOff	(3)	ation Test CutOff
Amphetamines Barbiturates	======= EMIT EMIT	======================================	GC/MS GC	======================================
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
		ST. RESULTS		.5 5
Drug or	Test	Drug	or	Test
Drug class	Result			Result
Amphetamines		Cocaine Meta		
Amphetamine	negativ			negative
Methamphetamine	negativ			5
Barbiturates	***	Methadone		negative
Amobarbital	negativ			
Butabarbital Butalbital	negativ			negative
Pentobarbital	negativ negativ		ione	negative
Phenobarbital	negativ		,	negative
Secobarbital	negativ	4		negative
Benzodiazepines	<i>3</i> ·	Cannabinoid		anogue 140
ACB	negative		lite	POSITIVE
MACB	negative	е		
OMMENTS:	3			******
				* TEST RESULT *
				* POSITIVE *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

sults Certified by: CHRISTIN CONNOLLY

Date: 02/26/92

- [EABORATORIES, IN	FED JBATION V
	5-A O'Brien Drive, Menlo Park, CA 94025 HAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 000 4929531
F	sults Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Address Federal Probation
	c. E. E. LAN	Account No. 100620101
Col	lection Site and Address ABM .	Special Tests Requested PLAINTIFF'S
Loc	ation Code:	EXHIBIT BILLS
	- OTT TOOMPIO) MORE	Periodic Reasonable Other Medical 05 Cause 06 Specify:
S	☐ Orine ☐ Blood ☐ Urine and Blood ☐	Yes PNo
LETE	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 2/21/42
COMF	Specimen Identification (This information will appear on all copies.)	Social Security # 279-48-5742
COLLECTOR COMPLETES	Remarks Concerning Collection	Temperature
DONOR COLL	it bears the same identification number as set forth above and that it has been	collected, labeled and sealed in accordance with the instructions provided. Collector's Signature In the instructions provided. Collector's Signature Invinog this form is my own and that I provided it to the collector. Further it certify that that the information provided on this form and on the label is correct. Also, I consent the clease by the laboratory of the results of the analysis as well as the information. Donor's Signature or Initials
B ve o	pply arcode ertically n bottle SECOND SEAL AND COLLECTOR'S SIGNATURE	PLACE OVER CAP OF DONOR'S SIGNATURE OR INITIALS
	PLIT SAMPLE. Shipper	Ship PharmChem Laboratories, Inc. Specimen 1505-A O'Brien Drive
	ISTRUCTIONS TO COLLECTOR Complete all <u>unshaded</u> areas of form.	Menlo Park, CA 94025-1435

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

Date: 03/02/92

:================	=========			
COUNT NUMBER:	100620101	BARCODE NUMBER:		∞ 004929531
ID TO: IT: Keith A. Koenning S. Probation Office 10 Lakeside West Ste Leveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		02/21/92
d Acct. No: FP 62A		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:	:	004507223 02/27/92 03/02/92
	TEST METHODS	AND DETECTION LEV	ELS	
Drug or Drug Class	Ini Method	tial Test CutOff	Confirm Method	ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
	TE:	======================================		=======================================
Drug or Drug class	Test Result	Drug Drug c		Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital	negative negative	e Methadone Methadone		negative negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative	Codeine Hydromorph Morphine		negative negative negative
Secobarbital Benzodiazepines ACB	negative negative negative	Phencyclic Cannabinoid THC Metabo	line 100	negative POSITIVE
MACB	negative	2		
OMMENTS:				************** * TEST RESULT * * POSITIVE *

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that scimen.

EABORATORIES, IN	FED CABATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929540
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #60592MAR 6 A9: Cleveland, OH 44114	Employer's Name and Address Federal Probation
OHN CLEVELA	NACCOUNT No. 100620101
Collection Site and Address ABM Location Code:	Special Tests Requested THC PLAINTIFF'S EXHIBIT B(16)
	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
	Date Collected 3/3/9/ Social Security # 279-68-5742 Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	n is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided. Collector's Signature
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accomps the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector. Further, I certify that I that the information provided on this form and on the label is correct. Also, I consent of the release by the laboratory of the results of the analysis as well as the information Donor's Signature or Initials
Apply Barcode vertically on bottle USE SECOND SEAL AND BARCODE FOR BLOOD COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 2004929540 S DONOR'S SIGNATURE OR INITIALS
Shipper Airbill # Date Shipp Airbill # 3 3	Specimen 1505-A O'Brien Drive
INSTRUCTIONS TO COLLECTOR	•

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute conies of Chain of Custody form as indicated on each copy.

REPORT

o are o brief brief	ionio i dili,			
OUNT NUMBER:	100620101	BARCODE NUMBER:		004929540
T: Keith A. Koenning S. Probation Office O Lakeside West Ste eveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/03/91
d Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	:	004564610 03/06/92 03/10/92
	TEST METHODS	AND DETECTION LEVE	ELS	
Drug or Drug Class		tial Test CutOff		ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC GC GC GC/MS	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
		ST RESULTS		15-
Drug or Drug class	Test Result	Drug Drug cl		Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negativ negativ	Cocaine Meta e Benzoylec		negative
Amobarbital	negativ			negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negativ negativ negativ	e Codeine e Hydromorph e Morphine		negative negative negative
Secobarbital Benzodiazepines	negativ negativ	e Phencyclic Cannabinoid	dine 100	negative
ACB MACB	negativ negativ		olite	POSITIVE
)MMENTS:			n w	************* * TEST RESULT * * POSITIVE * **************

COC IS DATED 03.03.91

I certify that the specimen identified by this accession number is the same scimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in sordance with applicable requirements, and that these results are for that scimen.

welts Certified by Sing Liu

3/10/92

1	LABORATORIES, IN.	FED TA	BATION
	5-A C'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 000	4930341
F 6	ults Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office 68 Euclid Avenue #605	Employer's Name and Address Federal Probation	1
C	leveland, OH 44114	Account No.	20404
Colle	ection Site and Address	Special Tests Requested	20101
	tion Code:	—THC	PRLAINTIFF'S EEXHIBIT ONLY ONLY
	Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O 0-	Periodic Reasonable 4 Medical 05 Cause	Other 06 Specify:
	Specimen Type Sp	olit Sample (Collect only if required by CI	
LETES	Specimen Identification (This information will appear only on plies 1,3.)		Date Collected
COMP	Specimen Identification (This information will appear on all copies.)		Social Security #
COLLECTOR COMPLETES	Remarks Concerning Collection		Temperature
COL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this forr it bears the same identification number as set forth above and that it has been	n is the specimen presented to me by the collected, labeled and sealed in accordance of the collector's Signature	e donor providing the certification below, that the instructions provided.
DONOR COMPLETES	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompa- the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to recorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided on this for one release by the laboratory of the result. Donor's Signature or Initials	vided it to the collector. Further, I certify that m and on the label is correct. Also, I consent also of the analysis as well as the information.
Bai ver on	code tically bottle COND SEAL AND	CAP OF	NO. ØØØ493Ø341 DONOR'S SIGNATURE OR INITIALS PharmChem Laboratories, Inc.
BARCO	DE FOR BLOOD IT SAMPLE.		
	Shipper Airbill # Date Shipp	Specimen 1505	mChem Laboratories, Inc. -A O'Brien Drive o Park, CA 94025-1435
INIC	STRUCTIONS TO COLLECTOR		

INSTRUCTIONS TO COLLECTOR

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute conies of Chain of Custody form as indicated on each copy.

REPORT

)5-A O'Brien Drive,	Menlo Park, C.	A, 94025		REPORT
COUNT NUMBER:	100620101	BARCODE NUMBER:		004930341
ND TO: TT: Keith A. Koenning S. Probation Office 10 Lakeside West Ste Leveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/05/92
ld Acct. No: FP 62A	, ·	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	:	004580624 03/10/92 03/12/92
Drug or Drug Class	·	AND DETECTION LEVE tial Test CutOff		mation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
Drug or Drug class	TES Test Result	ST,RESULTS Drug Drug cl		Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital	negative negative negative negative negative negative negative negative	Methadone Methadone Opiates Codeine Hydromorph	gonine	negative negative negative negative negative negative negative
Phenobarbital Secobarbital Benzodiazepines ACB MACB	negative negative negative negative	Phencycliding Phencyclid Cannabinoid THC Metabo	line 100	negative POSITIVE
OMMENTS:	**************************************			*************** * TEST RESULT *

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

POSITIVE

		FED PT PATION	v l
·'	LABORATORIES, IN	The state of the s	
	5-A O'Brien Drive, Menlo Park, CA 94025 [AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929554	
F 6	ults Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office 92 MAR 12 68 Euclid Avenue #605 leveland, OH 44114 OHN C	Employer's Name and Address Federal Probation 57 Account No. 100620101	
Coll	ection Site and Address	Special Tests Requested	
	ABM	THC IRLAIN LEXHING BOX	TIEF'S BIT
Loca	ation Code:		and the second s
		Periodic Reasonable Other 04 Medical 05 Cause 06 Specify:	
	Specimen Type Specimen Type Specimen Type Specimen Speci	plit Sample (Collect only if required by Client) Yes No	
COMPLETES	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 3/10/9	2_
OME	Specimen Identification (This information will appear on all copies.)	Social Security #	8-5142
COLLECTOR	Remarks Concerning Collection	Temperature	3.72
COL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	rm is the specimen presented to me by the donor providing the concollected, labeled and sealed in accordance with the instruction	ertification below, that ns provided.
		Collector's Separature	
DONOR	DONGR CERTIFICATION AND CONSENT: I certify that the specimen accompute specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and trecorded on this form to the organization and/or individual listed on this form.	panying this form is my own and that I provided it to the collector of that the information provided on this form and on the label is on the release by the laboratory of the results of the manying as well appears to the provided in the many of the provided in the many of the provided in the provided i	Further, I certify that prect. Also, I consent rell as the information
	oply Parcode rically		
on	bottle	(PLACE OVER CAP) SPECIMEN NO. 0004929554	S
BARCO	DE FOR BLOOD COLLECTOR'S SIGNATURE LIT SAMPLE.	SPECIMEN DONOR'S SIGNATURE OR INIT	TIALS
	Shipper Airbill # Date Shipp	Ship Specimen To PharmChem Laboratori 1505-A O'Brien Drive Menlo Park, CA 94025-	
		1 10 Wolld Fair, OA 34025-	1700
	STRUCTIONS TO COLLECTOR Complete all <u>unshaded</u> areas of form.		
_	Affix tomporared and and based and it		

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

:===				REPORT
'COUNT NUMBER		=========	==	
COUNT NUMBER:	100620101	BARCODE NUMBER:		=======================================
IND TO:		word words.		004929554
		SPECIMEN ID:		
TT: Keith A. Koenning	CUSPO	SPECIMEN ID:		
.b. Flobation Office		SPECIMEN DATE:		
10 Lakeside West Ste	400	TEST TYPE:		03/10/92
leveland, OH 44113		IOCAMION GODD		
		LOCATION CODE:		
•		ACCRECATION		9.5
		ACCESSION NUMBER	₹:	004604654
old Acct. No: FP 62A		DATE RECEIVED:		03/13/92
:=====================================	=====	DATE REPORTED:		02/10/00
			=======	03/18/92
Drug or	TEST METHODS I	MU DETECTION LEA	ELS	
Drug Class	Init	ial Test		mation Test
=======================================	Method	CutOff	Method	
Amphetamines		===========	=======	CutOff =========
Barbiturates	EMIT	1000 ng/ml	GC/MS	
Benzodiagonia	EMIT	300 ng/ml	GC MS	250 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	500 ng/ml
Cocaine Metabolite Methadone	EMIT	300 ng/ml		200 ng/ml
	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC	300 ng/ml
Phencyclidine	EMIT	25 75/ml		150 ng/ml
Cannabinoid 100	FMTT	25 ng/ml		25 ng/ml
=======================================	========	100 ng/ml	HPTLC	50 n~/m1
	ਧਾਸਟ	T- RESULTS	=======	
Drug or	Test	T. KESOLIS		*
Drug class		Drug	or	Test
Amphetamines		Drug cl	ass	Result
Amphetamines			=======	==============
Amphetamine		Cocaine Meta	bolite	
Methamphetamine	negative	Benzoylecq	onine	negative
Barbiturates	negative	Methadone		negative
Amobarbital	and the second	Methadone		nogations
Butabarbital	negative	Opiates		negative
Butalbital	negative	Codeine		
Pentobarbital	negative	Hydromorph	One	negative
Phenobarbital	negative	Morphine	One	negative
Secobarbital	negative	Phencyclidine	2	negative
Benzodiazaria	negative	Phencyclid	ina	
Benzodiazepines ACB		Cannabinoid	rue	negative
	negative	THC Motabas	100	
MACB	negative	THC Metabol	lite	POSITIVE
MMENTO	J===1.6			
MMENTS:	*			

				* TEST RESULT *
				* POSITIVE *

I certify that the specimen identified by this accession number is the same cimen that bears the specimen identification barcode number set forth above, the specimen has been examined upon receipt, handled and analyzed in ordance with applicable requirements, and that these results are for that cimen.

ilts Certified by: LING LIU

Date: 03/18/92

[FP][<i> </i>
_	LABORATORIES, IN.

CHAIN OF CUSTODY FOR DRUG ANALYSIS

F	E	D	P	7	7	B	A	T	Ι	0	١
---	---	---	---	---	---	---	---	---	---	---	---

S

pecimen	No.	0005155086

Ke Fe	ults Name and Address ith A. Koenning, Chief deral Probation Office	Prob. Off	600 2	ame and Address	- Abyoine, R. 1.	PLAINTIFF'S EXHIBIT
C1	8 Euclid Avenue #605 eveland, OH 44114				PENCAL	
		: 2	Account No.	10062	0303	
Colle	ection Site and Address		Special Tests	Requested 6	2	c:
	A.bm	*	THC		MAR 26	
		, p		ike di ser	6 PI	20 C
Loca	tion Code:	•		*		E
	Reason For Test (Check One) 01 Preemployment 02 Random	Post 03 Accident 04	Periodic Medical	Reasonable 05 Cause	Other 06 Specify:	Z :
S	Specimen Type Urine Blood			t only if required by Clie	nt)	d b
COLLECTOR COMPLETES	Specimen Identification (This information will appeal	ar only on plies 1,3.)			Date Collected 3 2 4 9	
COME	Specimen Identification (This information will appear	ar on all copies.)			Social Security #	-5742
TOR	Remarks Concerning Collection		di .		Temperature	
TLEC						
OS .	COLLECTOR CERTIFICATION: I certify that the spett bears the same identification number as set forth	ecimen identified on this form above and that it has been	n is the specimen collected, labeled	presented to me by the cland sealed in accordance	donor providing the ce	rtification below, that s provided.
			Collector's Sign		(or	
OR ETES	DCNOR SERTIFICATION AND CONSENT: I certify the specimen container was sealed with a tamperor to the analysis of the specimen accompanying this recorded on this form to the organization and/or in	that the specimen accompa oof seal in my presence and orm by the laboratory and to	nying this form is that the informati the release by th	my own and that I provided on this form a laboratory of the result.	led it to the collector, and on the label is co s of the avalysis as w	Further, I certify that rrect. Also, I consent ell as the information

2.6	Wife to	
Apply ►	Boal	
Barcode vertically		
on bottle		

USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.

PLACE OVER CAP OF

SPECIMEN NO. 0005155086

DONOR'S SIGNATURE OR INITIALS SPECIMEN

Shipper	Airbill #	Date St	24/92	Ship Specimen To	PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
7		66 (56)			والمرازي والمراور والمرازجين والمراجع المراجع والمحكاة أمامه المراجع المراجع والمراجع

INSTRUCTIONS TO COLLECTOR

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.

COLLECTOR'S SIGNATURE

- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.

ORATORY / OBrien Drive,	Menlo Park, C	A, 94025				REPORT
COUNT NUMBER:	100620303	BARCODE N	UMBER:	=======	=====	005155086
ID TO: T: Keith A. Koenning S. Probation Office O Lakeside West Ste Leveland, OH 44113	400	SPECIMEN SPECIMEN SPECIMEN TEST TYPE LOCATION	ID: DATE: :			03/24/92
d Acct. No: FP 62C		ACCESSION DATE RECEDATE REPORT	IVED:	:	•	004688507 03/28/92 03/31/92
	TEST METHODS #	AND DETECT	TON LEVE	======= ELS	=====	========
Drug or		tial Test	LOW DITAL	Confirm	ation	Test
Drug Člass	Method	Cuto	Off	Method		CutOff
Amphetamines	EMIT	1000	======= n~/ml	CC /VC	=====	250 (-1
Barbiturates	EMIT		ng/ml ng/ml	GC/MS GC		250 ng/ml 500 ng/ml
Benzodiazepines	EMIT		ng/ml	GC		200 ng/ml
Cocaine Metabolite	EMIT		ng/ml	GC		300 ng/ml
Methadone	EMIT		ng/ml	GC		300 ng/ml
Opiates	EMIT		ng/ml	GC/MS		150 ng/ml
Phencyclidine	EMIT		ng/ml	GC/MS		25 ng/ml
Cannabinoid 100	EMIT		ng/ml	HPTLC		50 ng/ml
=======================================	 TE:	======== ST_RESULTS		=======	======	
Drug or	Test	DI, IMBOLID	Drug	or	070	Test
Drug class	Result		Drug cl		1	Result
Amphetamines Amphetamine Amphetamine Methamphetamine	negative negative	e Ber	====== ine Meta nzoylecç adone	70	n-	egative
Barbiturates		Met	chadone		ne	egative
Amobarbital	negative	e Opiat	ces			E
Butabarbital	negative		deine		ne	egative
Butalbital	negative	-	dromorph	one		egative
Pentobarbital	negative		phine		ne	egative
Phenobarbital	negative		yclidin			
Secobarbital Benzodiazepines	negative		encyclid		ne	egative
ACB	noontie		abinoid		-	
MACB	negative negative		Metabo	iite	P	OSITIVE

I certify that the specimen identified by this accession number is the same ecimen that bears the specimen identification barcode number set forth above, at the specimen has been examined upon receipt, handled and analyzed in cordance with applicable requirements, and that these results are for that ecimen.

DMMENTS:

TEST RESULT * POSITIVE *

LABORATORIES, INC.	FED PR BATION
505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0006148361
==s Name and Address	Employer's Name and Address
A. Koenning, CUSPO eral Probation Office 10 Lakeside West, #400 Cleveland, OH 44113	Federal Probation
n en la de la compania del compania del compania de la compania del	Account No 1 0 0 6 2 0 1 0 1
ollection Site and Address	Special Tests Requested
T-1	PLAINTIFF'S EXHIBIT B(32)
cation Code:	
Reason For Test (Check One) O1 Preemployment Post O2 Random O3 Accident	Periodic Reasonable Other 04 Medical 05 Cause 06 Specify:
Specimen Type	Split Sample (Collect only if required by Client)
Specimen Identification (This information will appear only on plies 1,3) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection	☐ Yes ☐ No ☐ Date Collected
LADO, David	67 - 17 - 93
Specimen Identification (This information will appear on all copies.)	Social Security #
Remarks Concerning Collection	279-68-5/42
remarks concerning collection	Temperature
COLLECTOR CERTIFICATION: I certify that the specimen identified on this to the same identification number as set forth above and that it has be	form is the specimen presented to me by the donor providing the certification below, that een collected, labeled and sealed in accordance with the instructions provided.
	2 2 1
	Schrigher /
	Collector's Signature
DONOH CERTIFICATION AND CONSENT: I certify that the specimen accompanying the specimen contained was sealed with a tamperproof seal in my presence at the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	mpanying this form is my own and that I provided it to the collegior. Further: I certify that and that the information provided on this form and on the label is correct. Also, I consent it to the release by the laboratory of the results of the analysis as well as the information.
to the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	to the release by the laboratory of the results of the analysis as well as the information to
Amediarbital	K / Marie Change
Surginger 1997	Donor's Signature or Initials
952	
230	
pply ▶	,
arcode	
pply ► larcode ertically	
n bottle	OVER CAP SPECIMEN NO. 0006148361 S
COLLECTOR'S SIGNATURE ODDE FOR BLOOD	OF SPECIMEN DONOR'S SIGNATURE OR INITIALS
PLIT SAMPLE. Shipper Airbill # Date Shi	inned Chi-
Date Shi	Ship Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive
	To Menlo Park, CA 94025-1435
CCRUCTIONS TO COLLECTOR	
Complete all <u>unshaded</u> areas of form.	
Affix tamperproof seal and barcode as illustrated.	

 Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal. Place specimen and laboratory copy of Chain of Custody form in shipping container.

• Keep specimen in secure storage until shipped.

;1

3

REPORT

CCOUNT NUMBER:	100620101	BARCODE NUMBER:		0006148361
ESULTS TO: ATT: Keith A. Koenning,	CUSPO	SPECIMEN ID: SPECIMEN ID:		
U.S. Probation Office		SPECIMEN DATE:		02/17/93
310 Lakeside West Ste 40	0	TEST TYPE:		7.34
Cleveland, OH 44113		LOCATION CODE:		
er e 📍 🖟		ACCESSION NUMBER:		920548498
01.1.2		DATE RECEIVED:		02/25/93
Old Acct. No: FP 62A		DATE REPORTED:		03/01/93
TE	ST METHODS	AND DETECTION LEVE	LS	
Drug or	Ini	tial Test		nation Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines	EMIT	200 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
	:=========)ATP	========== ST RESULTS	=======	
Drug or Drug Class/	Test	Drug or Drug C	1222/	
Analyte	Result	Analyte	Iass/	Test
=======================================	========	Analyte	=======	Result
Amphetamines		Cocaine Metal	bolite	*
Amphetamine	negative			negative
Methamphetamine	negative	Methadone		guttvc
Barbiturates	*	Methadone		negative
Amobarbital	negative	Opiates		
Butabarbital	negative	Codeine		negative
Butalbital	negative		one	negative
Pentobarbital	negative	Morphine		negative
Phenobarbital	negative	Phencyclidine	9	gutive
Secobarbital	negative			negative
Benzodiazepines		Cannabinoid 1	100	negacive
ACB	negative			POSITIVE
MACB	negative			TODITIVE
SPECIMEN SEAL INTACT.	7			

COMMENTS:				* TEST RESULT *
-				* POSITIVE * ********
	10			·· · · · · · · · · · · · · · · · · · ·

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in pecimen.

esults Certified by: CHRISTIN CONNOLLY

Date: 03/01/93

LABORATORIES, INC.	FED PR ATION
05-A O'Brien Drive, Menlo Park, CA 94025	0000440070
HAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0006148376
=⇒s Name and Address	Employer's Name and Address
eith A. Koenning, CUSPO ederal Probation Office 10 Lakeside West, #400 leveland, OH 44113	Federal Probation
	Account No. 1 0 0 6 2 0 1 0 1
Illection Site and Address	Special Tests Requested
<u>T-2</u>	THC PLAINTIFF'S EXHIBIT B(21)
Reason For Test (Check One) Post	Periodic Reasonable Other
Reason For Test (Check One) O1 Preemployment Post O2 Random O3 Accident	04 Medical 05 Cause 06 Specify:
Spectmen Type Discording Blood Urine and Blood	Split Sample (Collect only if required by Client) Yes No
Consider Identification (This information will appear only on plies 1.3.)	Date Collected
LADD, David	0.5-0.5-9.5 Social Security #
Specimen Identification (This information will appear on all copies.)	279-68-5742
Remarks Concerning Collection	Temperature
Remarks Concerning Collection	that the continuation below that
Remarks Concerning Collection	
Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has	withis form is the specimen presented to me by the donor providing the certification below, that has been collected, labeled and sealed in accordance with the instructions provided.
Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has	withis form is the specimen presented to me by the donor providing the certification below, that has been collected, labeled and sealed in accordance with the instructions provided.
Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has	withis form is the specimen presented to me by the donor providing the certification below, that has been collected, labeled and sealed in accordance with the instructions provided.
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been container was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the bootato recorded on this form to the organization and/or individual listed on the	Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the information provided on this form and on the label is correct. Also, I consent only and to the repeate by the laberatory of the results of the analysis as well as the information is form.
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been specimen container was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on the	othis form is the specimen presented to me by the donor providing the certification below, that has been collected, labeled and sealed in accordance with the instructions provided.
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been container was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the bootato recorded on this form to the organization and/or individual listed on the	Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the information provided on this form and on the label is correct. Also, I consent only and to the repeate by the laberatory of the results of the analysis as well as the information is form.
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been container was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the bootato recorded on this form to the organization and/or individual listed on the	Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the information provided on this form and on the label is correct. Also, I consent only and to the repeate by the laberatory of the results of the analysis as well as the information is form.
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been contained was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen.	Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the information provided on this form and on the label is correct. Also, I consent only and to the repeate by the laberatory of the results of the analysis as well as the information is form.
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been contained was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen.	Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the information provided on this form and on the label is correct. Also, I consent only and to the repeate by the laberatory of the results of the analysis as well as the information is form.
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been contained was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen.	This form is the specimen presented to me by the donor providing the certification below, that as been collected, labeled and sealed in accordance with the instructions provided. Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the 1 tormation provided on this form and on the label is correct Also, I consent only and to the repair by the labeled control of the analysis as well as the information of the labeled of the collector of the control of the collector of the collect
COLLECTOR CERTIFICATION: I certify that the specimen identified on at bears the same identification number as set forth above and that it has been been container was sealed with a tamperproof seal of my present to the analysis of the specimen accompanying this form by the laborator of the container was recorded on this form to the organization and/or individual listed on the specimen accompanying this form by the laborator of the container was recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator of the container was recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator of the container was recorded on the co	This form is the specimen presented to me by the donor providing the certification below, that as been collected, labeled and sealed in accordance with the instructions provided. Collector's Senature Becompanying this form is my own and that I provided it to the collector Further I certify that ence and that the notomation provided on this form and on the label is correct Also, I consent by and to the release by the laberatory either results of the analysis as well as the information is form. Donor's Signature or Initials PLACE OVER CAP SPECIMEN NO. 2006148376 S PLACE OVER CAP
COLLECTOR CERTIFICATION: I certify that the specimen identified on at bears the same identification number as set forth above and that it has been been container was sealed with a tamperproof seal if my present to the analysis of the specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the analysis of the organization and/or individual listed on the specimen accompanying this form to the analysis of the organization and/or individual listed on the specimen accompanying this form to the analysis of the organization and/or individual listed on the specimen accompanying this form to the analysis of the organization and/or individual listed on the specimen accompanying this form to the analysis of the organization and/or individual listed on the specimen accompanying this form to the analysis of the organization and/or individual listed on the specimen accompanying this form to the analysis of the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the organization and	Athis form is the specimen presented to me by the donor providing the certification below, that has been collected, labeled and sealed in accordance with the instructions provided. Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the information provided on this form and on the label is correct. Also, I consent by, and to the replace by the apportuny of the results of the analysis as well as the information is form. Donor's Signature or Initials.
COLLECTOR CERTIFICATION: I certify that the specimen identified on at bears the same identification number as set forth above and that it has been been container was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the specimen accompanying this form to the organization and/or individual listed on the	This form is the specimen presented to me by the donor providing the certification below, that has been collected, labeled and sealed in accordance with the instructions provided. Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the Hormation provided on this form and on the label is correct Also, I consent only and to the replace by the laberatory filter results of the analysis as well as the Information is form. Donor's Signature or Initials PLACE OVER CAP OF SPECIMEN NO. DONOR'S SIGNATURE OR INITIALS DONOR'S SIGNATURE OR INITIALS
COLLECTOR CERTIFICATION: I certify that the specimen identified on it bears the same identification number as set forth above and that it has been contained was sealed with a tamperproof seal in my present to the analysis of the specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form to the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on this form by the laborator recorded on this form by the laborator recorded on the organization and/or individual listed on this specimen accompanying this form by the laborator recorded on th	This form is the specimen presented to me by the donor providing the certification below, that has been collected, labeled and sealed in accordance with the instructions provided. Collector's Signature accompanying this form is my own and that I provided it to the collector Further I certify that ence and that the offormation provided on this form and on the label is correct Also I consent by and to the repease by the laberatory of the results of the analysis as well as the information is form. PLACE OVER CAP OF SPECIMEN NO. 2006148376 S PLACE OVER CAP OF

• Complete all unshaded areas of form.

R

• Affix tamperproof seal and barcode as illustrated.

• Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.

• Place specimen and laboratory copy of Chain of Custody form in shipping container.

• Keep specimen in secure storage until shipped.

CHEM LABORATORIES, INC.

5-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

£==========				
CCOUNT NUMBER:	100620101	BARCODE NUMBER:	=======	0006148376
RESULTS TO: ATT: Keith A. Koenning U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	,	03/05/93
Old Acct. No: FP 62A	8	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	•	930046816 03/15/93 03/19/93
* *	========= TRST WRTHORS	AND DETECTION LEVE	======== et c	
Drug or Drug Class		tial Test CutOff		nation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 200 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC GC	250 ng/ml 200 ng/ml 200 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
	.=====================================	=======================================	=======	
Drug or Drug Class/ Analyte	Test Result	ST RESULTS Drug or Drug C Analyte	lass/	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital	negative	Methadone Methadone		negative negative
Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative	Codeine Hydromorph Morphine		negative negative negative
Secobarbital Benzodiazepines ACB	negative negative	Phencyclid Cannabinoid	ine 100	negative
MACB	negative		±±66	POSITIVE
SPECIMEN SEAL INTACT.				****
COMMENTS:				************** * TEST RESULT * * POSITIVE * *************

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that

Results Certified by: STEPHEN HOLTZCLAW

Date: 03/19/93

			0	FED PP BATION			
LABORATO -A O'Brien Drive, Menlo AIN OF CUSTOD	Park, CA 94025				7435580	REPC	
		U.E.	PRUBATI	UN		HOTE	
Federal Prob.	nning, CUSPO ation Office West, #400	93 APR 8		deral Proba	ition	00074355	
Cleveland, 0	H 44113 A - Ling, C			Dank ii i Maki ia i <u> </u>			
.S. Patrication) and aster	~ .:	Account	NO DATE OF	0620101	Q 3.4 A	
leveland, OH	1.3.			ON CODE:		INTIFF'S	
		2		A	E)	НІВІТ	
		The same of the sa	3 1 1 1 1	34.00	i B	22)	
m nust. No.	fr ban		LATE P	EMPERED:	Į į		
电影 医甲基氏的 化聚苯基 电影的	e qui per per se que se la compansión de la compansión		- T	ista da	rente de la companya de la companya La companya de la co	Y.M. Y.	
San Tast (Check O	201			Reasonab	le _ Other	58.34 ·	
Reason For Test (Check O	02 Random	Post 03 Accident	Periodic O4 Medical	05 Cause	☐ 06 Specify:		
Specimen Type	∃ Blood □ U	Irine and Blood	Split Sample	Collect only if required	by Client)		
(This information will appear		RKIT		- 0 - 1.Q.	Date Collected		
CC .74 . F	David LA			Min told	Social Security #		
(This information will appear	ar on all copies.)	2.2027 23:00 to		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		5-5742	
Remarks Concerning Colle	ction	FRI			Temperature		
, c4	6 0						
COLLECTOR CERTIFICA	TION: I certify that the sp	ecimen identified	on this form js-t	he specimen presente	d to me by the donor provid and sealed in accordance	ding the certification with the instructions	
below, that it bears the s provided.	ame identification number	as set forth above	and than it has	been conected, labele	u una soulos in accessories	5.	
			Stock	wh			
- Thesaminou				s Signature	and that I provided it to in	collegior (Figher II)	
DONOR CHARTIFICATION CARRY WAS NO STEELINGS	AND CONSERT I COME CONDUCTOR WAS SEARCH WIT	parties sections	nal in my nresor	ราง สูรง สารง กลุ่ม ได้สับได้เขีย สมัยลังสารง งู่สมัยนาง ไม่	nation and video on this stuff	rand on the later is on the results of the	
carify training specimen correct. Also, i consent, analysis as could as the uni-	ine analysis or the side ornarion recorded on this	giji is iliter etgjenisse	itore arollo polity				
			<u> </u>				
	and the state of t	ne alakan ka panara Kinedia Silandi Silandi	SERVICE DICTION OF	de Leine de Ladrie II de la desta de la desta de la composition de la desta de la composition de la desta de la composition della composit			
(\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	*ig *d **	4 4	zi.	e 14 &	*	a 8° 5	
	1			4			
pply > arcode ertically	*	5					
ertically	1 .	***				,	
n bottle						j	
SECOND SEAL AND ODE FOR BLOOD PLIT SAMPLE.						`-	
Person Shipping	Airbill #	Da	te Shipped	Ship Specimen	PharmChem Laborato 1505-A O'Brien Drive		
ω.			315k3	To	Menlo Park, CA 94025	-1435	
OTRUCTIONS TO CO	LLECTOR						
Complete all unshaded	l areas of form						

• Place specimen and laboratory copy of Chain of Custody form in shipping container.

• Keep specimen in secure storage until shipped.

MCHEM LABORATORIES, IN

05-A O'Brien Drive, Menlo Park, CA, 94025 REPORT ACCOUNT NUMBER: 100620101 BARCODE NUMBER: 0007435580 RESULTS TO: SPECIMEN ID: ATT: Keith A. Koenning, CUSPO SPECIMEN ID: U.S. Probation Office SPECIMEN DATE: 310 Lakeside West Ste 400 03/09/93 TEST TYPE: Cleveland, OH 44113 LOCATION CODE: ACCESSION NUMBER: 930049597 DATE RECEIVED: 03/16/93 DATE REPORTED: Old Acct. No: FP 62A 03/19/93 TEST METHODS AND DETECTION LEVELS Initial Test Drug or Confirmation Test Drug Class Method CutOff Method CutOff Amphetamines EMIT
Barbiturates EMIT
Benzodiazepines EMIT
Cocaine Metabolite EMIT
Methadone EMIT
Opiates EMIT
Phencyclidine EMIT
Cannabinoid 100 EMIT 1000 ng/ml GC/MS 250 ng/ml
200 ng/ml GC 200 ng/ml
200 ng/ml GC 200 ng/ml
300 ng/ml GC 300 ng/ml
300 ng/ml GC 300 ng/ml
300 ng/ml GC 300 ng/ml
25 ng/ml GC/MS 150 ng/ml 100 ng/ml HPTLC 50 ng/ml TEST RESULTS Drug or Drug Class/
Analyte

Test
Drug or Drug Class/
Result
Analyte Test Analyte Result Amphetamines Cocaine Metabolite Amphetamine negative Benzoylecgonine negative Methamphetamine negative Methadone Barbiturates Methadone negative Amobarbital negative negative Opiates Butabarbital Codeine negative Butalbital negative negative Hydromorphone negative Pentobarbital Morphine negative Phenobarbital negative Phencyclidine Secobarbital negative Phencyclidine negative Benzodiazepines Cannabinoid 100

SPECIMEN SEAL INTACT.

ACB

MACB

THC Metabolite

negative

negative

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

Date: 03/19/93

POSITIVE

LABORATORIES, INC. 1505-1 O'Brien Drive, Menlo Park, CA 94025	FED POBATION
CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 007435587
Keith A. Koenning, CUSPO Federal Probation Office 310 Lakeside West, #400 Cleveland, OH 44113 W.S. Probation Office	Federal Probation S Account No. 1006201019
Cleveland, GR 44113 WA Acct. No: FP 62A	DA PLAINTIFF'S EXHIBIT
Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O4	Periodic Percent Periodic
Specimen Type Solid Soli	Medical D5 Cause D6 Specify:
(This information will appear only on plies 1,3.)	Yes 14 No
(This information will appear on all copies.)	Date Collected
Remarks Concerning Collection	Social Security #
,	て79-66-5742. Temperature
DONOR CERTIFICATION AND CONSENT I carrie from the specimen accompanity that the specimen container was spaced with a tamperploof spall in money and specimen accompanying the spanity as the information recorded on this form to the organization and/o	
y A ode cally ottle	TOT & Signature or imitals
OND SEAL AND FOR BLOOD SAMPLE,	** -T
Person Shipping Date Shipped	Ship Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435
TRUCTIONS TO COLLECTOR Implete all unshaded areas of form. fix tamperproof seal and barcode as illustrated. k donor to sign Donor Certification and Consent and initial/sign tampaice specimen and laboratory copy of Chain of Custody form in shipping specimen in secure storage until shipped.	d Eh

305-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

/	•			REPORT
ACCOUNT NUMBER:	100620101	BARCODE NUMBER:	======:	 0007435587
RESULTS TO: ATT: Keith A. Koenning U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/12/93
Old Acct. No: FP 62A		ACCESSION NUMBER DATE RECEIVED: DATE REPORTED:	: 	930071137 03/20/93 03/26/93
Drug or Drug Class	EST METHODS Ini Ini Method	AND DETECTION LEVE tial Test CutOff	Confir Method	mation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 200 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 200 ng/ml 200 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
Drug or Drug Class/ Analyte	Test Result	T RESULTS Drug or Drug C Analyte	class/	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negative negative	Cocaine Meta Benzoylecg Methadone		negative
Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative	Codeine Hydromorph Morphine		negative negative negative negative
Secobarbital Benzodiazepines ACB MACB	negative negative negative negative	Phencyclid Cannabinoid THC Metabo	ine 100	negative POSITIVE
SPECIMEN SEAL INTACT.	**** *			************** * TEST RESULT *
COMMENTS:				* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in specimen.

esults Certified by: STEPHEN HOLTZCLAW

Date: 03/26/93

RUCTIONS TO COLLECTOR

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and Initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as Indicated on each copy.
 SEND TO MEDICAL REVIEW OFFICER, IF APPLICABLE

• •			£ .	
ARMCHEM LABORATORIES, ABORATORY 505-A O'Brien Drive,		A, 94025		REPORT
COUNT NUMBER:	100620101	BARCODE NUMBER:		0007435929
ESULTS TO: ATT: Keith A. Koenning U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		04/06/93
		ACCESSION NUMBER:	•	930165533
		DATE RECEIVED:		04/10/93 04/14/93
Old Acct. No: FP 62A		DATE REPORTED:	=======================================	U4/14/JJ
	TEST METHODS	AND DETECTION LEVE	LS	
Drug or	Ini	tial Test	Confirmation	
Drug Class	Method	CutOff	Method	CutOff
		1000	GC/MS	250 ng/ml
Amphetamines	EMIT EMIT		GC PLS	200 ng/ml
Barbiturates	EMIT	200 ng/ml	GC	200 ng/ml
Benzodiazepines Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 na/ml	CC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
	=======================================		=======================================	
		ST RESULTS	11/	Most
Drug or Drug Class/	Test	Drug or Drug (lass/	Test Result
Analyte	Result	Analyte	=======================================	VC20TIC
Amphetamines		Cocaine Meta	abolite	
Amphetamine	negativ			negative
Methamphetamine	negativ			
Barbiturates		Methadone		negative
Amobarbital	negativ			19. • 1
Butabarbital	negativ	re Codeine		negative
Butalbital	negativ		none	negative
Pentobarbital	negativ			negative
Phenobarbital	negativ			
Secobarbital	negativ	ve Phencyclic		negative
Benzodiazepines	_	Cannabinoid		POSITIVE
ACB	negativ	ve THC Metabo	price	LOSTITAR
MACB	negativ	ve		
CDECTMEN CENT THENCH	=-w S	*	*	******
SPECIMEN SEAL INTACT.	ž		*	TEST RESULT *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: STEPHEN HOLTZCLAW

COMMENTS:

Date: 04/14/93

* TEST RESULT *

* POSITIVE *

UNITED STATES DISTR						
NORTHERN DISTRI	CT OF OKLAHOMA	F	T	T.	E	T
UNITED STATES OF AMERICA,)	T	L	11		1
Plaintiff,)	en la ba	JUI			T
vs.)	U. S NORTH	S. DIS	STRIC	ence, or COU Of OKLAN	IRT 10MA
DAVID ROYCE LADD,)					
Defendant.)) No. 89-CR-83-05-E	/	/			

<u>ORDER</u>

Whereas, on this 16th day of June, 1992, the above styled matter comes on for hearing before me the undersigned judge on the petition and amended petition filed by the U.S. Probation Office to revoke the probation of the above defendant, David Royce Ladd.

Defendant present in open court represented by John E. Dowdell, Attorney at Law; the government represented by Jack Morgan, Assistant United States Attorney.

The government presents the testimony of Mr. Scott Kallenberger, U.S. Probation Officer, and rests; thereafter the defendant calls Dr. Samuel J. Sherman, Clinical Psychologist, to testify, and both sides rest.

The Court hears argument of counsel and being well and truly advised in the premises,

It Is Ordered, that as a condition of probation, the defendant immediately enter and successfully participate in the drug treatment program at the Freedom House, 245 West 12th Street, Tulsa, Oklahoma, for a term not to exceed nine months, or upon recommendation for discharge by the program director and the U.S. Probation Office.



It Is Further Ordered that the defendant shall participate in the most confrontational program offered at this facility. Employment is permitted upon verification and approval by the program director and the U.S. Probation Office. Weekend passes shall be authorized only by the U.S. Probation Office.

IT IS SO ORDERED.

JAMES O. ELLISON, Chief United States District Judge

APPROVED AS TO FORM;

John E. Dowdell, ESQ. Attorney for Defendant

John S. Morgan

Assistant United States Attorney

JSM:lks

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

JUN 15 1992

Richard M. Lawrence, Clerk U. S. DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,

Plaintiff,

vs.

No. 89-CR-83-05-E

DAVID ROYSE LADD,

Defendant.

DEFENDANT'S MEMORANDUM IN OPPOSITION TO REVOCATION OF PROBATION

I.

Introduction

David Ladd was charged, in a one-count indictment, with conspiracy to manufacture, to possess with intent to distribute and to distribute methamphetamine, in violation of 21 U.S.C. §§ 846, 841(a)(1) and 853. Pursuant to a written plea agreement, Ladd ultimately entered a plea of guilty. Under that plea agreement the government agreed to advise the Court that Ladd had made a good faith effort to provide substantial assistance, if he in fact did so, thereby allowing the Court to depart downward from the sentencing guidelines. On May 10, 1990, the government filed a substantial assistance motion. In view of the § 5K1.1 motion, and "in light of all of the circumstances of this case," the Court departed from the sentencing guidelines downward and sentenced Ladd to probation for a period of five (5) years. (Transcript of Sentencing, p. 12).

On March 9, 1992, the United States Probation Department filed its "Petition on Probation" seeking action of the Court for Ladd's

alleged "abuse [of] marijuana." On April 20, 1992, the Probation Department amended its Petition based upon additional alleged "evidence of illicit drug use" occurring after the filing of the initial Petition.

II.

Standards Applicable to Revocation of Probation

Because the probation program is of such value to the federal criminal justice system, the decision to revoke should not be undertaken lightly. United States v. Reed, 573 F.2d 1020, 1024 (8th Cir. 1978). A decision concerning probation revocation must be made with regard to two central concerns -- the successful rehabilitation of the probationer and the safety of the community. United States v. Dane, 570 F.2d 840, 845 (9th Cir. 1977), cert. denied, 436 U.S. 959, 98 S.Ct. 3075 (1978). This requires the court to make predictions about the defendant's future behavior. Thus, if the court feels that the defendant cannot be counted on to avoid antisocial activity, probation may be revoked. Reed, supra, 573 F.2d at 1024.

Probation should not automatically be revoked upon a showing or admission by the defendant that a condition of probation has been violated. United States v. Segal, 549 F.2d 1293, 1298 (9th Cir. 1977). The entire situation must be considered so that society's interests are best met by the court's eventual action. Sailer v. Gunn, 387 F.Supp. 1367, 1374 (C.D. Cal. 1974); see also Morrissey v. Brewer, 408 U.S. 471, 484-488, 92 S.Ct. 2593, 2602-

2603 (1972). This is done by considering both the reasons underlying the original imposition of the conditions and the reasons leading to probationer's failure to comply with such conditions. Genet v. United States, 375 F.2d 960, 962 (10th Cir. 1967).

The Supreme Court has emphasized that in the administration of the probation statute the trial judge has "an exceptional degree of flexibility in determining whether to revoke probation." United States v. Torrez-Flores, 624 F.2d 776, 784 (7th Cir. 1980), citing Burns v. United States, 287 U.S. 216, 220, 53 S.Ct. 154, 155-56 In Genet, supra, the Tenth Circuit recognized that the power to revoke probation upon a finding of failure to comply with probation conditions lies solely within the discretion of the sentencing judge. 375 F.2d at 961-62. The court is given broad discretion in probation revocation proceedings so that each case can be individualized and given careful, humane, and comprehensive consideration in light of each offender's particular situation. Burns, supra, 287 U.S. at 200, 53 S.Ct. at 155-56. If the district court wishes to give the defendant a second chance on probation, it may exercise its discretion under 18 U.S.C. § 3565(a) and refuse revocation. See United States v. Martin, 786 F.2d 974, 976 n. 2 (10th Cir. 1986).

The statutory provision specifically at issue in these proceedings is the following excerpt from 18 U.S.C. § 3565(a):

Notwithstanding any other provision of this section, if a defendant is found by the court

to be in possession of a controlled substance, thereby violating the condition imposed by section 3563(a)(3), the court shall revoke the sentence of probation and sentence the defendant to not less than one-third of the original sentence.

The Commission leaves to the court the determination of whether evidence of drug usage established solely by laboratory analysis constitutes possession as set forth in 18 U.S.C. §§ 3565(a) and 3583(g)."

(Emphasis added). Though many courts have concluded that evidence of prior drug use can be considered as circumstantial evidence of "possession" within the meaning of §§ 3565(a) and 3583(g), see e.g. United States v. Blackston, 940 F.2d 877, 878-91 (3rd Cir. 1991); and United States v. Ramos-Santiago, 925 F.2d 15 (1st Cir. 1991), others have recognized that such circumstantial evidence merely tends to establish prior possession. See e.g. Blackston, supra, 940 F.2d at 891; State v. Flinchpaugh, 659 P.2d 208, 212 (Kan. 1983) (evidence of controlled substance in defendant's blood did not establish possession); State v. Hornaday, 713 P.2d 71, 75 (Wash. S.Ct. 1986) (once narcotic is injected into defendant's vein or swallowed orally, it is no longer in the control of the individual for purposes of "possession," but evidence of narcotics can be used circumstantially to show prior possession).

The California Court of Appeals has rejected the theory that "possession" can be established by circumstantial evidence of the defendant's use of a controlled substance. See People v. Spann, 187 Cal.App.3d 400, 406, 232 Cal.Rptr. 30, 34 (1986) ("Were we to accept evidence of recent past possession of narcotics as equivalent to proof of present possession of narcotics, then we could charge every addict who was currently hot with possession of a narcotic, since he must have had possession of the narcotic in the recent past in order to come under its influence.").

An issue exists as to what constitutes "possession" under this statute. In *United States v. Baclaan*, 948 F.2d 628 (9th Cir. 1991), the court recognized that neither § 3565(a) nor Congress clearly defined "possession." *Id.* at 630. However, Application Note 5 to § 7B1.4 of the sentencing guidelines provides:

Circumstances Warranting Denial of the Revocation of Probation Petition.

Due process requires the defendant be given the opportunity to show that mitigating circumstances suggest the violations do not warrant revocation. United States v. Ferguson, 624 F.2d 81, 83 (9th Cir. 1980); Segal, supra, 549 F.2d at 1298; see Morissey, supra, 408 U.S. at 488, 92 S.Ct. at 2603. One of the most frequently cited mitigating factors is good faith. In Genet, supra, the Tenth Circuit held that "under many circumstances the good faith, or its lack, of the probationer's attempt to comply with the compulsions of the trial court's order will test the justness of an order of revocation." Id., 375 F.2d at 962. Hence, if the court feels that defendant made a good faith effort to comply with probation conditions, a petition to revoke probation may properly be denied. Good faith is not a controlling factor, however, but only one of many factors the court should consider in determining whether to revoke probation. Id.; United States v. McLeod, 608 F.2d 1076, 1078 (5th Cir. 1979).

In Bearden v. Georgia, 461 U.S. 660, 103 S.Ct. 2064 (1983), the Supreme Court considered an additional mitigating circumstance — lack of fault. Bearden was released on probation with a condition being that he pay restitution to the people he had burglarized. Id., 461 U.S. at 660, 103 S.Ct. at 2066. After making one payment, Bearden was laid off from his job and was unable to make the remaining payments of restitution. Proceedings

were instituted to revoke probation. The state trial court granted revocation and the Georgia Court of Appeals affirmed the decision. The United States Supreme Court remanded the case to the trial court finding Bearden's lack of fault in his probation violation was a mitigating circumstance which should have been considered at the revocation hearing. *Id.*, 461 U.S. at 669, 103 S.Ct. at 2070. The Supreme Court held:

"If the probationer has made all reasonable efforts to pay the fine or restitution, and yet cannot do so through no fault of his own, it is fundamentally unfair to revoke probation automatically without considering whether adequate alternative methods of punishing the defendant are available. This lack of fault provides a substantial reason which justifies or mitigates the violation and makes revocation inappropriate."

461 U.S. at 668, 103 S.Ct. at 2070 (emphasis added).

Conclusion

The defendant will establish at the hearing on the Probation Department's Petition seeking to revoke his probation that he is no danger to the community. The question to be answered is whether the defendant can be rehabilitated. David Ladd is not a "hardened" offender, and the defendant submits that the ends of justice will be served most effectively by denying the Petition. The focus of our efforts should be on helping David Ladd, not giving up on him.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103 (918) 583-7571

Attorney for Defendant, David Royse Ladd

CERTIFICATE OF MAILING

I hereby certify that on this 15th day of June, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

Scott Kallenberger United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, Oklahoma 74101

by depositing said copy in the United States Mail, with proper postage thereon prepaid.

6bh E. Dowdell

IN THE UNITED STATES DISTRICT COURT F I L B D

UNITED STATES OF AMERICA,	MAY 1 1 1992
Plaintiff,) Michard M. Lawrence, Clerk U. S. DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA
vs.) No. 89-CR-083-005-E
DAVID ROYSE LADD,)
Defendant.))

ORDER

The Court has for its consideration defendant's unopposed application to reschedule the hearing set on the United States Probation Department's Amended Petition on Probation ("Petition"). The Petition is currently set to be heard on May 15, 1992, at 10:00 Upon consideration of the Application, the lack of objection by the government and the Probation Department, and for good cause shown, it is hereby ordered that the May 15 hearing is stricken and DATED this ______ day of May, 1992.



In

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,) MAY -7 1592 W
Plaintiff,	3. SALATE M. LAWRENCE
Vs.) No. 89-CR-083-005-E
DAVID ROYSE LADD,))
Defendant.))

UNOPPOSED APPLICATION TO RESCHEDULE HEARING

The defendant, David Royse Ladd, by and through his counsel of record, John E. Dowdell, hereby respectfully requests that the Court reschedule the hearing on the United States Probation Department's application for revocation of parole. The hearing is currently set for May 15 at 10:00 a.m. In support of this Application, the defendant states:

- 1. By order entered May 5, 1992, the Court rescheduled the hearing on the Probation Department's application for revocation of parole from May 13 to May 15. The newly scheduled date creates conflicts for both the Assistant United States Attorney and defense counsel. Specifically, the Assistant United States Attorney, John S. Morgan, is committed to be in Manhattan, Kansas, at his daughter's graduation from Kansas State University on May 15. Likewise, the undersigned, pursuant to a long-standing commitment, will be in Edinburgh, Scotland, on other business.
- 2. Counsel has consulted with Mr. Morgan and with Scott Kallenberger of the United States Probation Department, neither of whom object to the requested rescheduling.

6/

- 3. The defendant, who resides in Canton, Ohio, requests that the hearing be rescheduled for a time at least three (3) weeks beyond May 15.
- 4. In addition to defense counsel's scheduling conflicts, defendant's counsel has arranged for a comprehensive psychological evaluation of the defendant. The defendant submits that the results of this evaluation may be relevant to the Court's resolution of the issues presented by the petition to revoke Mr. Ladd's parole.
- 5. So that, if appropriate, the psychologist evaluating Mr. Ladd may testify, a local psychologist has been engaged to evaluate the defendant.* Mr. Ladd is currently scheduled to meet with the psychologist on the afternoon of May 12. The psychologist has indicated to the undersigned that it may be necessary to continue his session with the defendant on May 13, and that additional time will be required to analyze the information gathered during these sessions.

WHEREFORE, the defendant, David Royse Ladd, hereby respectfully seeks to reschedule the May 15, 1992, hearing on the Probation Department's application to revoke parole, for a period of at least 21 days, in order to accommodate completion of an expert evaluation and to avoid scheduling conflicts.

^{*} Concurrent with the filing of this application, the defendant has filed an appropriate form under the Criminal Justice Act seeking authorization from the Court for the referenced expert psychological assistance.

Respectfully submitted,

John/E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant, David Royse Ladd

CERTIFICATE OF MAILING

I hereby certify that on this 7th day of May, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

Scott Kallenberger United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, Oklahoma 74101

by depositing said copy in the United States Mail, with proper postage thereon prepaid.

John E. Dowdell

FILED

PROB 12 (Rev. 3/88)

APR 2 0 1992

Richard M. Lawrence, Clerk U. S. DISTRICT COURT MORIHERN DISTRICT OF OKLAHOMA

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

U.S.A. vs. David Royce Ladd DOCKET NO. 89-CR-083-005-E

AMENDED PETITION ON PROBATION AND SUPERVISED RELEASE

COMES NOW <u>Scott Kallenberger</u> PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of <u>David Royce Ladd</u> who was placed on supervision by the Honorable <u>James O. Ellison</u> sitting in the court at Tulsa, Oklahoma, on the <u>15th</u> day of <u>May</u>, 1988, who fixed the period of supervision at <u>five years probationary sentence</u>, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

That the defendant reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, until discharged by the director.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

On March 6, 1992, the Court considered and ordered the issuance of a Summons for Ladd to appear before the Court to show cause why his probation should not be revoked based on positive urine test results for marijuana occurring in January and early February, 1992.

Based on evidence of illicit drug use on the part of the probationer both prior to, and since the presentation of evidence causing the aforementioned Petition, said Petition on Probation Action is amended as set forth in Attachment hereto and herein incorporated by reference.



ATTACHMENT

The defendant has violated the following condition of probation:

RULE NO. 8 OF STANDARD CONDITIONS OF SUPERVISION: "THE DEFENDANT SHALL REFRAIN FROM EXCESSIVE USE OF ALCOHOL AND SHALL NOT PURCHASE, POSSESS, USE, DISTRIBUTE, OR ADMINISTER ANY NARCOTIC OR OTHER CONTROLLED SUBSTANCE, OR ANY PARAPHERNALIA RELATED TO SUCH SUBSTANCE, EXCEPT AS PRESCRIBED BY A PHYSICIAN."

David Royce Ladd presented urine samples on December 3, 1991, December 6, 1991, December 13, 1991, December 20, 1991, December 27, 1991, December 31, 1991, January 3, 1992, January 10, 1992, January 13, 1992, January 17, 1992, January 21, 1992, January 24, 1992, February 7, 1992, February 14, 1992, February 21, 1992, March 3, 1992, March 5, 1992, March 10, 1992, and March 24, 1992, all of which tested positive for the presence of marijuana. All told, Ladd has submitted nineteen urine samples which tested positive for a Schedule I Controlled drug.

This Petition is base on the following facts:

Attached hereto as Exhibit A and incorporated by reference is a true copy of the Conditions of Probation which were read and reviewed by this officer and provided to the defendant on May 15, 1990. This document is signed by Ladd acknowledging that he has been provided, and fully understood, the Conditions of Probation.

On July 17, 1990, supervision of Ladd was transferred to the U. S. Probation Office, Northern District of Ohio, Cleveland, Ohio.

On May 31, 1991, the probation office for the Northern District of Ohio submitted a Violation Report alleging that on March 16, 1991, Ladd submitted a positive urine sample for Benzodiazepines, and on April 22, 1991, the probationer submitted another positive urine sample, this time for Cocaine and Morphine. Based on these positive tests results, the probation office for the Northern District of Ohio recommended modifications of the Conditions of Probation. On May 30, 1991, Ladd waived his right to a hearing on these alleged violations of probation, and agreed to modifications of his Conditions of Probation, to include a condition that he reside in and actively participate in a program of residential drug treatment as directed by the U. S. Probation Office, and that he participate in mental health counseling. On June 12, 1991, U. S. District Court Judge James O. Ellison executed the Petition on Probation Action amending the defendant's Conditions of Probation to include the aforementioned special conditions.

As directed by the probation office for the Northern District of Ohio, Ladd entered into a medical detoxification program at Glenbeigh Hospital from August 6, 1991, until August 9, 1991. On August 9, 1991, Ladd voluntarily entered a ninety day residential drug treatment program at Donofrio House. He was successfully discharged from this program on November 1, 1991.

On January 16, 1992, the probation office for the Northern District of Ohio presented a Violation Report concerning Ladd to the probation office for the Northern District of Oklahoma. This report outlined six positive urine tests in December 1991, and one positive urine test in January 1992, all for the presence of marijuana. No action was recommended based on the placement of Ladd into Phase I counseling, the most intensive level of counseling with Associates in Behavior Management, Incorporated.

On February 19, 1992, prior to advising the Court of the violations as set out in the report dated January 16, 1992, the probation office for the Northern District of Ohio submitted a third Violation Report alleging further illicit drug use on the part of the defendant. Based on the defendant's continued drug use, the probation office in Ohio withdrew its earlier recommendation for no action, and recommended that Ladd be called to appear before the Court to show cause why his probation should not be revoked. This violation report was the basis for the Petition on Probation Action executed by the Court on March 6, 1992.

Since presentation of evidence dated February 19, 1992, outlining illicit drug use on the part of the defendant, additional positive urine tests have been submitted by Ladd, and are the basis for this Amended Petition.

Attached hereto as Exhibit B(1) through (19) and incorporated by reference are true and correct copies of PharmChem Laboratories, Incorporated, Chain of Custody for Drug Analysis forms and Tests Results forms evidencing the nineteen positive urine samples as alleged.

Attached hereto as Exhibit C and incorporated by reference is a true and correct copy of the "Monthly Urinalysis Log" concerning David Royce Ladd. This log evidences negative urinalysis results occurring on February 11, 1992, February 25, 1992, February 28, 1992, March 6, 1992, and March 13, 1992. Each of the aforementioned urine samples were tested for the presence of Cannabinoids.

PRAYING THAT THE COURT WILL ORDER that the Petition on Probation Action concerning the conduct of David Royce Ladd filed in open Court on March 9, 1992, be amended to include additional allegations of illicit drug use as described in the Attachment to this Petition. The defendant has been summoned to appear in U. S. District Court for the Northern District of Oklahoma on April 14, 1992, at 1:00 p.m.

ORDER OF COURT

Considered and ordered this

'H' day of April 1992
and ordered filed and made a part of the records in the above case.

Respectfully,

Scott Kallenberger, Senior U.S. Probation Officer

Place <u>Tulsa</u>, Oklahoma

Date <u>April 7, 1992</u>

James D. Ellison, Chief U. S. District Judge PROB 7A (Rev. 10/89) ⊕

Conditions of Probation and Supervised Release

UNITED STATES DISTRICT COURT

FOR THE

NORTHERN DISTRICT ()F	OKLAHOMA
---------------------	----	----------

HORIHIMI DE	A A
	A A
Name David Royse Ladd	Docket No. 89-CR-083-05-E
2100 Harrisburg Road	
Address Canton, Ohio 44721	· ·
Under the terms of your sentence, you have	e been placed on probation/superwisedwase (strike one) by the
Honorable James O. Ellison	, United States District Judge for the District of
Northern/OK (Tulsa) . Your term of su	pervision is for a period ofFive (5) Years,
commencing May 15, 1990	·
While on probation/supervised release (strik and shall not illegally possess a controlled substance possession of a controlled substance.	e one), you shall not commit another Federal, state, or local crime ce. Revocation of probation and supervised release is mandatory for
CHECK IF APPROPRIATE:	
As a condition of supervision, you are instructed it shall be paid in the following manner	ed to pay a fine in the amount of;
As a condition of supervision, you are instru-	to following manner to
The defendant shall not possess a firearm or firearm.	destructive device. Probation must be revoked for possesion of a
The defendant shall report in person to the pro- 72 hours of release from the custody of the B	bation office in the district to which the defendant is released within tureau of Prisons.
The defendant shall report in person to the prolethe custody of the Bureau of Prisons.	bation office in the district of release within 72 hours of release from
It is the order of the Court that you shall com	ply with the following standard conditions:
(1) You shall not leave the judicial district	without permission of the court or probation officer;

- (2) You shall report to the probation officer as directed by the court or probation officer, and shall submit a truthful and complete written report within the first five days of each month;
- (3) You shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;

- (4) You shall support your dependents and meet other family responsibilities;
- (5) You shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
 - (6) You shall notify the probation officer within seventy-two hours of any change in residence or employment;
- (7) You shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician; you shall submit to urinalysis as directed by the U. S. Probation Office.
- (8) You shall not frequent places where controlled substances are illegally sold, used, distributed, or administered;
- (9) You shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
- (10) You shall permit a probation officer to visit you at any time at home or elsewhere, and shall permit confiscation of any contraband observed in plain view by the probation officer;
- (11) You shall notify the probation officer within seventy-two hours of being arrested or questioned by a law enforcement officer;
- (12) You shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
- (13) As directed by the probation officer, you shall notify third parties of risks that may be occasioned by your criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to confirm your compliance with such notification requirement.

The special conditions ordered by the court are as follows:

That the defendant participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

Upon a finding of a violation of probation or supervised release, I understand that the Court may (1) revoke supervision or (2) extend the term of supervision and/or modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions, and have been provided a copy of them.

glieu) 1 1 1 1 1 1 1 1 1 1 1

Defendant

U.S. Probation Officer/Designated Witness

15/90

Date

-	LABORATORIES INC.	FED	P' E	BATION
	5-A O'Brien Drive, Menlo Park, CA 94025 IAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen N	0.	0004629571
F 6	ults Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office 68 Euclid Avenue #605EC 6 P : 43 leveland, OH 44114	Employer's Name Federal P Account No.	robation	
Coll	OHN CLEVELAND ection Site and Address		0620	303
	ABM ation Code:	Special Tests Req	uested	PLAINTIFF'S EXHIBIT B(1)
	Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O4	Periodic 05	Reasonable Cause	Other 06 Specify:
	Specimen Type Sp	it Sample (Collect only		
COLLECTOR COMPLETES	Specimen Identification (This information will appear only on plies 1,3.) Ladd Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection	7 165 7 10		Date Collected 1 2 3 9 1 Social Security # 279 - 68 - 5742 Temperature
	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompare the specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and to	Collector, s pignature rying this form is may be that the information	wn and that I provided on this form	ded if to the collector. Further, I certify that
COMPLETES	recorded on this form to the organization and/or individual listed on this form.	Donor Signature or I	Ktad	λ
	ply ► roode tically bottle	529571 S ®	- 50	
ver on SE SE ARCO	COND SEAL AND DE FOR BLOOD IT SAMPLE. COLLECTOR'S SIGNATURE	OFER CAP OF SPECIMEN	DONOR'S	4629571 S
	Shipper Airbill # Date Shippe	Specime	n 1505-/	iChem Laboratories, Inc. A O'Brien Drive Park, CA 94025-1435
• 0	STRUCTIONS TO COLLECTOR complete all <u>unshaded</u> areas of form. iffix tamperproof seal and barcode as illustrated.			

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

CENID TO MEDICAL BELLEW OFFICED IS ADDITIONALE

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

00462957:

ACCOUNT NUMBER: 100620303 BARCODE NUMBER:

SEND TO: SPECIMEN ID:

ATT: Keith A. Koenning SPECIMEN ID:

Federal Probation Office SPECIMEN DATE: 12/03/91

668 Euclid Ave., Rm. 605 TEST TYPE:

Cleveland, OH 44114 LOCATION CODE:

ACCESSION NUMBER: 004063530

DATE RECEIVED: 12/07/9

Old Acct. No: FP 62C DATE REPORTED: 12/10/9:

TEST METHODS AND DETECTION LEVELS

Drug or	Initial Test		Confirmation Test	
Drug Class	Method	CutOff	Method	CutOff
				========
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Test Drug or Test

Drug class	Result	Drug class	Result
Amphetamines	=========	Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	·
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		
COMMENTS:			*****
			* TEST RESULT *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

POSITIVE *

Results Certified by: SUZANNE SAMPSON Date: 12/10/91

LABORATOR 1505-A O'Brien Drive, Menlo Pa	PIES, INCIP	7	FED	' KUB	ATION
Results Name and Address	OR DRUG ANAL		Specimen No		0004629574
Keith A. Koenning Federal Probation 668 Euclid Avenue Cleveland, OH 441	The second secon	. o ff	Employer's Name		
Collection Site and Address	lu t.	-VELAND	Account No. 1 0	0620	707
ABM	74	S	pecial Tests Requi	ested	PLAINTIFF'S
Location Code:					EXHIBIT B(2)
Specimen Type	2 Random 03 Accide	ent U 04 Me	riodic R dical 05 C	easonable ause	Other of Specify:
Specimen Identification (This inform	Urine and E	Blood D	es No	required by Client)	
Specimen Identification (This inform Specimen Identification (This inform) Specimen Identification (This inform) Remarks Concerning Collection COLLECTOR CERTIFICATION: I cert it bears the same identification					ate Collected
Remarks Concerning Collection					ocial Security # 279 - 68 - 5742
COLLECTOR CERTIFICATION					mperature
COLLECTOR CERTIFICATION: I cert it bears the same identification numb	ify that the specimen identificer as set forth above and that	ed on this form is the at it has been collec	e specimen presented ted, labeled and seale	to me by the donor	providing the certification below that
DONOS		-	lettrey C	Z. Drie	D. D
DONOR CERTIFICATION AND CONS the specimen container was sealed wit to the analysis of the specimen accom recorded on this form to the organization	ENT: I certify that the specin h a tamperproof seal in my p panying this form by the labo on and/or individual listed or	rulis form.	2017-	d that I provided it d on this form and or y of the results of the	to the collector. Further, I certify that in the label is correct. Also, I consent a analysis as well as the information
oply Parcode rtically bottle	TOP	9994629	Signature or Initials NOLL 5745		
		/ PLA	CE SPECIMEN N	0 0001	
IT SAMPLE.	TOR'S SIGNATURE	OVER OF SPECIM		O. 0004629	J
Shipper Airbill	# [Date Shipped	Ship		
FRUCTIONS		12/6/91	Specimen To	PharmChem L 1505-A O'Brie Menlo Park, C	aboratories, Inc. n Drive A 94025-1435
TRUCTIONS TO COLLECTOR Implete all <u>unshaded</u> areas of form	1.				
k donor to sign Donor C	as illustrated.	No.			
ce specimen and laboratory copy pspecimen in secure storage un	of Chain of Custody for	al/sign tamperpro	oof seal.		

Keep specimen and laboratory copy of Chain of Custody form of Custody form of indicated on cook some

Region.

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

ACCOUNT NUMBER: 100620303 BARCODE NUMBER: 004629574

SEND TO: SPECIMEN ID:

ATT: Keith A. Koenning SPECIMEN ID:

Federal Probation Office SPECIMEN DATE: 12/06/91

668 Euclid Ave., Rm. 605 TEST TYPE:

Cleveland, OH 44114 LOCATION CODE:

ACCESSION NUMBER: 004093179

DATE RECEIVED: 12/12/91

Old Acct. No: FP 62C DATE REPORTED: 12/13/91

TEST METHODS AND DETECTION LEVELS

Drug or	Initial	Test	Confirmation	Test
Drug Class	Method	CutOff	Method	CutOff
=======================================				
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml

TEST RESULTS

Drug or Test Drug or Test

Drug Olubb		=======================================	
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines		Cannabinoid 100	
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		
COMMENTS:			***********

Drug class

Result

* TEST RESULT *

POSITIVE *

Result

Drug class

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed ir accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU Date: 12/13/91

LABORAT	ORIES, IIVE	a Fi	ED TRO	BATION
505-A O'Brien Drive, Menl	o Park, CA 94025 DY FOR DRUG ANALYSI	Specir	nen No.	0004629586
Results Name and Address Keith A. Koenr Federal Probat 668 Euclid Ave Cleveland, OH	nue #605	Employer	's Name and Addres	on
	Uhi: 62	- FELAIND	10000	20303
Collection Site and Address	5	94. • 12. CA12. CO1924	ests Requested	PLAINTIFF'S EXHIBIT B(3)
ocation Code:				
Reason For Test (Check (One) Post 02 Random 03 Accident	Periodic 04 Medical	Reasonable 05 Cause	Other 06 Specify:
Specimen Type Urine	☐ Blood ☐ Urine and Blo		Collect only if required	by Client)
Specimen Identification (1	This information will appear only on plies	1,3.)		Date Collected
Specimen Identification (1	This information will appear on all copies.)		Social Security # 279 - 68 - 574
Specimen Identification (1) Specimen Identification (1) Specimen Identification (1) Specimen Identification (1) Remarks Concerning Coll COLLECTOR CERTIFICA it bears the same identification (1)	TION. Localify that the appairmen identifies	d on this form is the spe	cimen presented to me	Temperature by the donor providing the certification belowed the control of the control of the certification below the control of the certification below.
it bears the same identific	rion: I certify that the specifier identifies attion number as set forth above and tha	t it has been collected, la	Hay a.	Cordance with the instructions provided.
the specimen container w	AND CONSENT: I certify that the specinas sealed with a tamperproof seal in my primen accompanying this form by the labeline organization and/or individual listed of	men accompanying this foresence and that the inforatory and to the dleasen this form.	orm is misoup and that	I provided it to the collector. Further, I cer his form and on the label is correct. Also, I e results of the analysis as well as the info
Apply ►	La Colonia de la	00046295	MOLLOG 86 S	
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD SEPLIT SAMPLE.	COLLECTOR'S SIGNATURE	PLACE OVER CA OF SPECIME		0004629586 S
Shipper	Airbill #	Date Shipped	Specimen	PharmChem Laboratories, Inc. 1505-A O'Brien Drive
4	-	121391	To	Menlo Park, CA 94025-1435

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.

LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

ACCOUNT NUMBER:	100620303	BARCODE NUMBER:		004629586
SEND TO: ATT: Keith A. Koenning U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		12/13/91
Old Acct. No: FP 62C		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004134648 12/19/91 12/20/91
Drug or Drug Class		AND DETECTION LEVELS tial Test CutOff		ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	300 ng/ml 6 300 ng/ml 6 300 ng/ml 6 300 ng/ml 6 300 ng/ml 6 25 ng/ml 6	GC/MS GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
Drug or Drug class	Test Result	_		Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital	negativ negativ negativ negativ negativ negativ	Cocaine Metabo e Benzoylecgor e Methadone Methadone e Opiates e Codeine e Hydromorphor	nine	negative negative negative negative negative
Phenobarbital Secobarbital Benzodiazepines ACB MACB	negativ negativ negativ negativ	e Phencyclidine e Phencyclidin Cannabinoid 10 e THC Metaboli	00	negative negative POSITIVE
COMMENTS:	25			************ * TEST RESULT * * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 12/20/91

LABORAT	CORVES ING.	\mathcal{L}	ED P	RBAT	ION
1505-A O'Brien Drive, Menle	- '3	YSIS Spec	cimen No.	0(04629526
	ing, Chief Prob	. Off Fed	yer's Name and A		
668 Euclid Ave Cleveland, OH	nue #6050 DEC 27	Account	nt No.	62070	7
	GAREC	· · · ·	al Tests Requested	62030	2
Collection Site and Address			resis riequesiec	EHGAD-Deponne, N. J.	PLAINTIFF'S EXHIBIT B(4)
Location Code:				•	
Reason For Test (Check O	One) Po			onable e 06	Other Specify:
Specimen Type Urine	☐ Blood ☐ Urine an		le (Collect only if req	uired by Client)	
Specimen Identification (T	his information will appear only on			1.50	Collected
Ladd	his information will appear on all co	onies \			Z 20 9 1
Specimen identification (1)	nis information will appear on an or	opies.)		32-35-3-0	19-68-574
Specimen Identification (To Collection Colle		entified on this form is the s	specimen presented t		perature
it bears the same identification	TION: I certify that the specimen id ation number as set forth above ar	nd that it has been collected	n . /	0	
			Coffred.	Magor	rh.
		Gollecte	ok's Signature	()	
DONOR CERTIFICATION the specimen container we to the analysis of the specimen recorded on this form to the specimen to the specimen container we to the analysis of the specimen condend on this form to the specimen container with the specimen container wi	AND CONSENT: I certify that the as sealed with a tamperproof seal in the companying this form by the organization and/or individual list	specimen accompanying the my presence and that the le laboratory and to the refeted on this form.	ok's Sighature	d that I provided it to d on this form and on y of the results of the	the collector. Further, I cer the label is correct. Also, I can analysis as well as the info
COMPO	AND CONSENT: I certify that the as sealed with a tamperproof seal is imen accompanying this form by the organization and/or individual list.	specimen accompanying the my presence and that the le laboratory and to the refeted on this form.	ob's Signature is form is my own an information provided ease by the laborator	d that I provided it to d on this form and on y of the results of the	the collector. Further, I cer the label is correct. Also, I a analysis as well as the info
Apply ► Barcode vertically	AND CONSENT: I certify that the as sealed with a tamperproof seal i imen accompanying this form by the organization and/or individual list	specimen accompanying the new presence and that the le laboratory and to the reference on this form. Donor's DODA 4629	is form is my own an information provided ease by the laborator signature or Initials	1-169	
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD	AND CONSENT: I certify that the as sealed with a tamperproof seal in the accompanying this form by the organization and/or individual list.	specimen accompanying the new presence and that the legislatory and to the reference on this form. Donor's DOO 4629	is form is my own an information provided case by the laborator season seaso	1-169	9526 S
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE.	COLLECTOR'S SIGNATUR	specimen accompanying the new presence and that the legislation is steed on this form. Donor's DOOD 4629	is form is my own an information provided ease by the laborator Sessionature or Initials 52650 SPECIMEN CAP FIMEN	NO. 0004629 DONOR'S SIGNAT	9526 S URE OR INITIALS
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. Shipper		specimen accompanying the new presence and that the legislatory and to the reference on this form. Donor's DOO 4629	is form is my own an information provided ease by the laborator sease se	NO. 0004629 DONOR'S SIGNAT PharmChem 1505-A O'Br	D526 S URE OR INITIALS Laboratories, Inc.

- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC. LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

				=======================================
ACCOUNT NUMBER:	100620303	BARCODE NUMI	BER:	004629526
SEND TO: ATT: Keith A. Koenning U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATEST TYPE: LOCATION COI	: FE:	12/20/91
Old Acct. No: FP 62C		ACCESSION NU DATE RECEIVED DATE REPORTE	ED:	004171066 12/27/91 01/01/92
	TEST METHODS	AND DETECTION	N LEVELS	
Drug or		tial Test	Confi	rmation Test
Drug Class	Method	CutOfi	f Method	CutOff
Amphetamines	EMIT	1000 ng	g/ml GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng		500 ng/ml
Benzodiazepines	EMIT	300 ng		200 ng/ml
Cocaine Metabolite	EMIT	300 ng		300 ng/ml
Methadone	EMIT	300 ng		300 ng/ml
Opiates	EMIT	300 ng	=0 = 1 1 = 1	150 ng/ml
Phencyclidine	EMIT	25 ng		25 ng/ml
Cannabinoid 100	EMIT	100 ng	g/ml HPTLC	50 ng/ml
	TE	ST RESULTS		
Drug or	Test		Drug or	Test
Drug class	Result	D1	rug class	Result
Amphetamines Amphetamine	negativ	e Benzo	======== e Metabolite oylecgonine	negative
Methamphetamine	negativ			
Barbiturates			adone	negative
Amobarbital	negativ			
Butabarbital	negativ			negative
Butalbital Pentobarbital	negativ		omorphone	negative
Phenobarbital	negativ			negative
Secobarbital	negativ	-	clidine	
Benzodiazepines	negativ		cyclidine inoid 100	negative
ACB	negativ		Metabolite	D0.675555
MACB	negativ		decapolice	POSITIVE
COMMENTS:				************ * TEST RESULT * * POSITIVE * *******

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LORRIE SEDILLOS

Date: 01/01/92

CHAIN OF CUSTOD	lo Park, CA 94025 DY FOR DRUG ANA	LYSIS,	Specimen N	о.	0004629538
Results Name and Address			Employer's Name	and Address	
	ning, Chief Pro		Federal P		
668 Euclid Ave	42.IAN 9	S All: 32	-		
Cleveland, OH	44114				
	0.41. 0	DLEVELAN	Account No.	0620	303
Collection Site and Address			Special Tests Rec		
ABM	7A		TEC		PLAINTIFF'S
	1.9				EXHIBIT
	•				B(5)
			4		.
Location Code:					
Reason For Test (Check C		Post Accident 0	Periodic 4 Medical	Reasonable 5 Cause	Other 06 Specify:
Specimen Type	- Use Mandolli		olit Sample (Collect on	y if required by Clie	
Urine		and Blood	Yes No	<u>*</u>	
Specimen Identification (T	his information will appear only	on plies 1,3.)			Date Collected
Specimen Identification (T	his information will appear on al	I copies.)			Social Security #
OS		,			279-68-57
Remarks Concerning Coll	ection				
	ection				Temperature
010	ection				Temperature
		identified on this form	m is the specimen pro-	contact to ma by the	
COLLECTOR CERTIFICA	TION: I certify that the enecimen	identified on this for and that it has been	m is the specimen pre: collected, labeled and	sented to me by the o	Temperature lonor providing the certification below with the instructions provided.
COLLECTOR CERTIFICA it bears the same identific	TION: I certify that the enecimen	identified on this for and that it has been	m is the specimen precollected, labeled and	sealed in accordan	donor providing the certification below with the instructions provided.
COLLECTOR CERTIFICA it bears the same identific	TION: I certify that the enecimen	identified on this for and that it has been	collected, labeled and	uy Q.	lanor providing the certification be
	TION: I certify that the specimen ation number as set forth above	and that it has been	Collector's Signature	regaled in accordan	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature	regaled in accordan	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION	TION: I certify that the specimen ation number as set forth above	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature	regaled in accordan	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature anying this form is my that the information to the release by the la	own and that I provious department of the result	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION the specimen container w	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature	own and that I provious department of the result	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature anying this form is my that the information to the release by the la	own and that I provious department of the result	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature anying this form is my that the information to the release by the la	own and that I provious department of the result	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION the specimen container we to the analysis of the specimen container we to the analysis of the specimen corded on this form to the analysis of the specimen container we to the analysis of the specimen container with the specimen contai	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature anying this form is my that the information to the release by the la	own and that I provious department of the result	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION the specimen container we to the analysis of the specimen container we to the analysis of the specimen corded on this form to the analysis of the specimen container we to the analysis of the specimen container with the specimen contai	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature anying this form is my that the information to the release by the la	own and that I provious department of the result	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION the specimen container we to the analysis of the specimen container we to the analysis of the specimen corded on this form to the analysis of the specimen container we to the analysis of the specimen container with the specimen contai	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature anying this form is my that the information to the release by the la	own and that I provious department of the result	donor providing the certification below with the instructions provided.
DONOR CERTIFICATION the specimen container we to the analysis of the specimen container we to the analysis of the specimen corded on this form to the analysis of the specimen container we to the analysis of the specimen container we to the analysis of the specimen container with the specimen container we to the specimen container with t	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	and that it has been ne specimen accomp al in my presence and the laboratory and t	Collector's Signature of the release by the latest and the incomplete of the release by the latest and the incomplete of the release by the latest and the r	own and that I provious department of the result	ded it to the collector. Further, I ce and on the label is correct. Also, I s of the analysis as well as the info
DONOR CERTIFICATION the specimen container we to the analysis of the specimen container we to the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the specimen container we can be specimen container when the spec	AND CONSENT: I certify that the specimen action number as set forth above as sealed with a tamperproof set imen accompanying this form by the organization and/or individual	ne specimen accompal in my presence and the laboratory and the laboratory and the listed on this form.	Collector's Signature anying this form is my in that the information to the release by the la Donor's Signature of PLACE OVER CAP OF	own and that I provious of the result initials	ded it to the collector. Further, I ce and on the label is correct. Also, I s of the analysis as well as the infe
DONOR CERTIFICATION the specimen container we to the analysis of the specimen container we to the analysis of the specimen corded on this form to the analysis of the specimen container we to the analysis of the specimen container we to the analysis of the specimen container with the specimen container we to the specimen container with t	TION: I certify that the specimen eation number as set forth above AND CONSENT: I certify that the as sealed with a tamperproof sealed with a tampe	ne specimen accompal in my presence and the laboratory and the laboratory and the listed on this form.	Collector's Signature of the release by the late	own and that I provious of the result initials	ded it to the collector. Further, I ce and on the label is correct. Also, I s of the analysis as well as the info
Apply Barcode vertically on bottle SE SECOND SEAL AND RECODE FOR BLOOD SEPLIT SAMPLE.	AND CONSENT: I certify that the specimen action number as set forth above that the sealed with a tamperproof set imen accompanying this form by the organization and/or individual COLLECTOR'S SIGNATION.	ne specimen accompal in my presence and that it has been all in the laboratory and to listed on this form.	Collector's Signature of that the information to the recase by the laboration of the recase by	own and that I provious of the result Initials CIMEN NO. 000	ded it to the collector. Further, I ce and on the label is correct. Also, I s of the analysis as well as the infe
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD	AND CONSENT: I certify that the specimen action number as set forth above as sealed with a tamperproof set imen accompanying this form by the organization and/or individual	ne specimen accompal in my presence and the laboratory and the laboratory and the listed on this form.	Collector's Signature of that the information to the recase by the laboration of the recase by	own and that I provious of the result initials CIMEN NO. 000 DONOR'S	ded it to the collector. Further, I ce and on the label is correct. Also, I s of the analysis as well as the infe

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PILW 1

PHARMCHEM LABORATORIES, INC.
LABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT AAH

				ABM
ACCOUNT NUMBER:	100620303	BARCODE NUMBER:		• 004629538
SEND TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		12/27/91
Old Acct. No: FP 62C		ACCESSION NUMBER DATE RECEIVED:	:	004197820 01/03/92 01/03/92
	rest methods	AND DETECTION LEVI	 ELS	
Drug or Drug Class	Ini Method 	tial Test CutOff	Confirm Method	ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates	EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml	GC/MS GC GC GC GC GC/MS	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml
Phencyclidine Cannabinoid 100	EMIT EMIT	25 ng/ml 100 ng/ml	GC/MS HPTLC	25 ng/ml 50 ng/ml
=======================================	TE	ST RESULTS		
Drug or Drug class	Test Result	Drug Drug c		Test Result
Amphetamines Amphetamine Amphetamine Methamphetamine	negativ negativ	e Methadone		negative
Barbiturates Amobarbital Butabarbital	negativ negativ	e Codeine		negative negative
Butalbital Pentobarbital Phenobarbital	negativ negativ negativ	e Morphine	*	negative negative
Secobarbital Benzodiazepines	negativ	e Phencyclio Cannabinoid	dine 100	negative
ACB MACB	negativ negativ		olite	POSITIVE
COMMENTS:				******
				* TEST RESULT * * POSITIVE * ********

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/03/92

	RATORIES, IN	FED PR	OBATION
1505-A O'Brien Drive, M CHAIN OF CUST	Menio Park, CA 94025 ODY FOR DRUG ANALYSIS	Specimen No.	0004629542
Results Name and Addre Keith A. Koe Federal Prob	ess enning, Chief Prob. Off pation Office	Federal Probat	
668 Euclid A			
刊29			20303
Collection Site and Addr	ess C	Special Tests Requested THC	PERCENTIFF'S EXHIBIT B(6)
Reason For Test (Che	eck One) Post 02 Random 03 Accident	Periodic Reasonab	ole Other
Specimen Type	Blood Drine and Blood	Split Sample (Collect only if required	
Specimen Identification	on (This information will appear only on plies 1,3.)		Date Collected 1 Z 3 1 9 1 Social Security # 279-68-574 Temperature
	FICATION: I certify that the specimen identified on the ntification number as set forth above and that it has	S been collected, labeled and sealed in a	. Legoville
the specimen contain to the analysis of the	FION AND CONSENT: I certify that the specimen ac er was sealed with a tamperproof seal in my presen specimen accompanying this form by the laboratory to the organization and/or individual listed on this	ice and that the information provided on to and to the lease by the laboratory of t	at I provided it to the bollector. Further, I ce this form and on the label is correct. Also, I he results of the analysis as well as the inf
Wight B.	10b	Ø04629542 5 ®	1939
Apply ► Barcode			
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. Shipper	COLLECTOR'S SIGNATURE Airbill # Date	_ (OF)	0004629542 S ONOR'S SIGNATURE OR INITIALS PharmChem Laboratories, Inc.

- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PLW 1

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

				REI ORI
3.0000000000000000000000000000000000000	========	=======================================	=======	==========
ACCOUNT NUMBER:	100620303	BARCODE NUMBER:		004629542
SEND TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 40 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		12/31/91
Old Acct. No: FP 62C	=========	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	===	004210999 01/06/92 01/09/92
Drug or Drug Class	EST METHODS I	AND DETECTION LEVE tial Test CutOff	CLS Confirma Method	tion Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC GC GC/MS GC/MS HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
Drug or Drug class	TES Test Result	T RESULTS Drug Drug cl		Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Phenobarbital Secobarbital Benzodiazepines ACB MACB COMMENTS:	negative	Methadone Methadone Opiates Codeine Hydromorph Morphine Phencycliding Phencyclid Cannabinoid THC Metabo	bolite onine one e ine 100	negative negative negative negative negative negative negative POSITIVE
COLUMNIO:				************* * TEST RESULT * * POSITIVE *

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in pecimen.

esults Certified by: SUZANNE SAMPSON

Date: 01/09/92



J'Brien Drive, Menlo Park, CA 94025

AIN OF CUSTODY FOR DRUG ANALYSIS

F	E	D	E3	1	B	A	T	I	0	١
---	---	---	----	---	---	---	---	---	---	---

Specimen No.

0004629549

AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No.	0004023343
tesults Name and Address	Employer's Name and Address	
Keith A. Koenning, Chief Prob. Off Federal Probation Office	Federal Probation	
668 Euclid Avenue #605 Cleveland, OH 44114		
	Account No. 1 0 0 6 2 0	303
Collection Site and Address	Special Tests Requested	
ABM	THC	PLAINTIFF'S EXHIBIT B(7)
Location Code:	-	
Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident	Periodic Reasonable 04 Medical 05 Cause	Other 06 Specify:
	Split Sample (Collect only if required by Cli	96) 6) —————
		Date Collected
Jadd		1 3 92
Specimen Identification (This information will appear on all copies.)		Social Security #
8		279-68-5742
Remarks Concerning Collection		Temperature
10 N		
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this fit bears the same identification number as set forth above and that it has be	form is the specimen presented to me by the en collected, labeled and sealed in accorda	e donor providing the certification below, that ance with the instructions provided.
₹ 1	0.1 - 0	
	Soldier and	Lrugovich.
5 5	Cellector's Signature	
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accommod the specimen container was sealed with a tamperproof seal in my presence at the analysis of the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	npanying his form is my owd and that I pro and that the information provided on this for d to the lelease by the laboratory of the res n. Donor's Signature or Initials	vided it to the collector. Further, I certify that m and on the label is correct. Also, I consent ults of the analysis as well as the information
g g o c	34629549 5 @	
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. COLLECTOR'S SIGNATURE	OF)	04629549 S
Shipper Airbill # Date Sh	Simp I mai	rmChem Laboratories, Inc. 5-A O'Brien Drive
FD 1/3	S 92 To Men	lo Park. CA 94025-1435

INSTRUCTIONS TO COLLECTOR

11.00

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keen specimen in secure storage until shipped

M

505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

•			
=======================================	========	=======================================	
CCOUNT NUMBER:	100620303	BARCODE NUMBER:	4 004629549*
END TO: ATT: Keith A. Koenning U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE:	01/03/92
cieverand, on 44113		LOCATION CODE:	
Old Acct. No: FP 62C	========	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004215692 01/06/92 01/08/92
,	TEST METHODS .	AND DETECTION LEVELS	
Drug or Drug Class ===================================			tion Test CutOff
Amphetamines Barbiturates	EMIT EMIT	1000 ng/ml GC/MS 300 ng/ml GC	250 ng/ml 500 ng/ml
Benzodiazepines	EMIT	300 ng/ml GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml GC	300 ng/ml
Methadone	EMIT	300 ng/ml GC	300 ng/ml
Opiates Phencyclidine	EMIT	300 ng/ml GC/MS	150 ng/ml
Cannabinoid 100	EMIT	25 ng/ml GC/MS	25 ng/ml
=======================================	EMIT	100 ng/ml HPTLC	50 ng/ml
	TE:	ST RESULTS	
Drug or	Test	Drug or	Test
Drug class	Result	Drug class	Result
Amphotomines	========:		=======================================
Amphetamines Amphetamine		Cocaine Metabolite	
Methamphetamine	negative		negative
Barbiturates	negative	Methadone Methadone	
Amobarbital	negative		negative
Butabarbital	negative		nogativo
Butalbital	negative		negative negative
Pentobarbital	negative	1 1	negative
Phenobarbital	negative		negacive
Secobarbital	negative		negative
Benzodiazepines		Cannabinoid 100	J
ACB MACB	negative negative		POSITIVE
COMMENTS:			******
			* TEST RESULT *
			* POSITIVE *

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

	ORIES, IN	()	FED	PROP	ATION
1505-A O'Brien Drive, Menle CHAIN OF CUSTOD	o Park, CA 94025	ANALYSIS	Specimen N	0.	000 462956 0
Results Name and Address Keith A. Koenn Federal Probat 668 Euclid Ave Cleveland, OH	nue #603 JA	N 15 AND . 00	Employer's Name Federal P		
	Or	IN CLEMELAND	Account No. 1 (0620	303
Collection Site and Address			Special Tests Req	uested	
ARM Location Code:	9		THC		PLAINTIFF'S EXHIBIT B(8)
Reason For Test (Check C		Post	Periodic 0	Reasonable 5 Cause	Other 06 Specify:
O1 Preemployment Specimen Type	02 Random	S	plit Sample (Collect on		
Urine		Urine and Blood	Yes No		Date Collected
Specimen Identification (T	1	ear only on plies 1,3.)			1/10/92
Specimen Identification (T	his information will appe	ear on all copies.)			Social Security #
Ö					279-48-57
Remarks Concerning Colle	ection				Temperature
ភ្ជ					
			Collector & Signature	a Dra	ionor providing the certification below ce with the instructions provided.
DONOR CERTIFICATION the specimen container we to the analysis of the specimen container we corded on this form to the specimen container we contain the specimen container with the specimen container we contain the specimen container with the specimen container we contain the specimen container with the specimen container we contained the specimen container which is specimen contained to the specimen contained the specim	AND CONSENT: I certii as sealed with a tamper cimen accompanying this he organization and/or in	fy that the specimen accomp proof seal in my presence an a form by the laboratory and adividual listed on this form.	panying this form is my and that the information p to the release by the la	own and that I provide on this form boratory of the result	ded it to the collector. Further, I certified in the label is correct. Also, I consist of the analysis as well as the information of the control of the cont
्रिमु ह हे	41	a.	MOLL		
		200	4629560 5 8		
Apply Barcode vertically on bottle		600	PLACE OVER CAP SPEC	CIMEN NO. 000	4629560 S
Apply Barcode vertically on bottle USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.	COLLECTOR'S S	SIGNATURE	/ PLACE \ SPEC	. <u>1</u> 64	4629560 S SIGNATURE OR INITIALS

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
 - 'stribute copies of Chain of Custody form as indicated on each copy.

HARMCHEM LABORATORIES, INC.

ABORATORY

505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

_______ 004629560 CCOUNT NUMBER: 100620303 BARCODE NUMBER: END TO: SPECIMEN ID: ATT: Keith A. Koenning, CUSPO SPECIMEN ID: 01/10/92 U.S. Probation Office SPECIMEN DATE: 310 Lakeside West Ste 400 TEST TYPE: Cleveland, OH 44113 LOCATION CODE: 004257641 ACCESSION NUMBER: 01/14/92 DATE RECEIVED:

Old Acct. No: FP 62C DATE REPORTED: 01/17/92

TEST	METHODS	AND	DETECTION	TE AET2
	S_0		r	

Drug or	Initial		Confirmation	
Drug Class	Method 	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
:======================================	=========	===========		=========

TEST RESULTS

Drug or	Test	Drug or	Test
Drug class	Result	Drug class	Result
:======================================			
Amphetamines		Cocaine Metabolite	
Amphetamine	negative	Benzoylecgonine	negative
Methamphetamine	negative	Methadone	
Barbiturates		Methadone	negative
Amobarbital	negative	Opiates	water the same of
Butabarbital	negative	Codeine	negative
Butalbital	negative	Hydromorphone	negative
Pentobarbital	negative	Morphine	negative
Phenobarbital	negative	Phencyclidine	
Secobarbital	negative	Phencyclidine	negative
Benzodiazepines	_	Cannabinoid 100	_
ACB	negative	THC Metabolite	POSITIVE
MACB	negative		

COMMENTS:

* TEST RESULT *

* POSITIVE *

Date: 01/17/92

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

. Action	F. H. LABORATORIE		F	ED F	90B	ATION
	1505-A O'Brien Drive, Menlo Park	c, CA 94025	Specin	nen No.	000	4930428
	Results Name and Address Keith A. Koenning Federal Probation 668 Euclid Avenue	#605	Employer Feder	s Name and		
,	Cleveland, OH 441 Collection Site and Address Team I	<u> </u>		ests Request		O 1 O 1 PLAINTIFF'S EXHIBIT B(9)
	Location Code:				ales mandre de la Mandre de La Companya de La Comp	
	Specimen Type Urine Specimen Identification (This info	O2 Random O3 Accident O4 Urine and Blood rmation will appear only on plies 1,3 rmation will appear on all copies.)	☐ Yes	☐ 05 Ca	asonable use equired by Clier	Other of Specify:
neskin			Collector's	Signature Sch	meden	donor providing the certification below, that ce with the instructions provided.
	DONOR CERTIFICATION AND C the specimen container was seale to the analysis of the specimen ac recorded on this form to the organ	ONSENT: I certify that the specime ad with a tamperproof seal in my pre ecompanying this form by the labora nization and/or individual listed on t	No	rm is my own rmation provid by the laborat	- Jan	ded it to the collector. Further, I certify that and on the label is correct. Also, I consent s of the analysis as well as the information
1	Apply Barcode vertically on bottle USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.	COLLECTOR'S SIGNATURE	(ACE OVER CAP OF SPECIMEN)	NO. 0004930428 DONOR'S SIGNATURE OR INITIALS harmChem Laboratories, Inc.
= ,	Shipper	Airbill #	Date Shipped	Ship Specimen To	1505-	nChem Laboratories, Inc. A O'Brien Drive Park, CA 94025-1435

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.

ABORATORY

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

:======================================	=========	=======================================	
ACCOUNT NUMBER:	100620101	BARCODE NUMBER: 00	04930428
SEND TO: ATT: Keith A. Koenning, CUSPO U.S. Probation Office 310 Lakeside West Ste 400 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:)1/13/92
Old Acct. No: FP 62A		DATE RECEIVED:	4282830 1/18/92 1/22/92
	TEST METHODS	AND DETECTION LEVELS	======
Drug or Drug Class	Ini Method	tial Test Confirmation Test CutOff Method CutO	
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone	EMIT EMIT EMIT EMIT EMIT	300 ng/ml GC 500 300 ng/ml GC 200 300 ng/ml GC 300	====== ng/ml ng/ml ng/ml ng/ml ng/ml
Opiates Phencyclidine Cannabinoid 100 ===================================	EMIT EMIT EMIT	300 ng/ml GC/MS 150 25 ng/ml GC/MS 25	ng/ml ng/ml ng/ml
	TES	ST RESULTS	======
Drug or Drug class	Test Result	Drug or Test	
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital	negative negative negative	e Methadone negati	
Butabarbital Butalbital Pentobarbital Phenobarbital	negative negative negative negative	e Codeine negati e Hydromorphone negati e Morphine negati	ive
Secobarbital Benzodiazepines ACB MACB	negative negative	e Phencyclidine negati Cannabinoid 100 e THC Metabolite POSITI	
COMMENTS:			
COMMINIO:		******* * TEST RE * POSIT ****	ESULT *

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that

esults Certified by: LING LIU

Date: 01/22/92

[F	LABORATORIES, INC.	FED POO ATION				
	-A O'Brien Drive, Menlo Park, CA 94025 AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929424				
K	Its Name and Address eith A. Koenning, Chief Prob. Off ederal Probation Office	Employer's Name and Address Federal Probation				
	S8 Euclid Avenue #605 A A A	2 4				
	HI CLEVE:	ACCOUNT NO. 100620101				
	ABM	Special Tests Requested THC PLAINTIFF'S EXHIBIT B(10)				
Loca	tion Code:					
	B of Frompio, mont	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:				
co.		olit Sample (Collect only if required by Client) Yes No				
ETE	Specimen Identification (This information will appear only on plies 1,3.) Date Collected					
COMPLETES	Specimen Identification (This information will appear on all copies.)	Social Security # 279-68-5742				
COLLECTOR	Remarks Concerning Collection	Temperature				
COLL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form it bears the same identification number as set forth above and that it has been	n is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.				
		Conosto's Gignature				
R TES	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompate the specimen container was sealed with a tamperproof seal in my presence and	anying this form is my own and that I provided it to the collector. Further, I certify that it that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the analysis as well as the information				
DONOR	recorded on this form to the organization and/or individual listed on this form.	Mars Khala				
U		Donor's Signature or Initials				
Apply ► Barcode						
ve	ply rcode rtically bottle	PLACE OVER CAP SPECIMEN NO. 0004929424				
BARCO	COND SEAL AND DE FOR BLOOD IT SAMPLE. COLLECTOR'S SIGNATURE	OF SPECIMEN DONOR'S SIGNATURE OR INITIALS				
	Shipper Airbill # Date Shipp	Ship Specimen Specimen To PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435				

INSTRUCTIONS TO COLLECTOR

Sec.

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

 SEND TO MEDICAL REVIEW OFFICER IF APPLICABLE

ABM

HARMCHEM LABORATORIES, INC.
ABORATORY

505-A O'Rrier Drive Manle

.505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

1505-A O'Brien Drive, Meni	o Park, C	A, 94025			REPORT
ACCOUNT NUMBER:	00620101	BARCODE NUMB	======= BER:		004929424
SEND TO: ATT: Keith A. Koenning, CU U.S. Probation Office 310 Lakeside West Ste 400 Cleveland, OH 44113	ISPO	SPECIMEN ID: SPECIMEN DAT TEST TYPE: LOCATION COD	E:		01/17/92
Old Acct. No: FP 62A	=======	ACCESSION NU DATE RECEIVE DATE REPORTE	D:	========	004300590 01/22/92 01/24/92
TEST	METHODS	AND DETECTION	LEVELS		
Drug or		tial Test		firmation	Test
Drug Class	Method	CutOff			CutOff
=======================================	=======	========	========	=======	========
Amphetamines	EMIT	1000 ng	/ml GC/N	S	250 ng/ml
Barbiturates	EMIT	300 ng			500 ng/ml
Benzodiazepines	EMIT	300 ng			200 ng/ml
Cocaine Metabolite	EMIT	300 ng			300 ng/ml
Methadone	EMIT	300 ng			300 ng/ml
Opiates	EMIT	300 ng		S	150 ng/ml
Phencyclidine	EMIT	25 ng			25 ng/ml
Cannabinoid 100	EMIT	100 ng			50 ng/ml
=======================================	=======	========	=======	=======	========
		ST RESULTS			
Drug or	Test		Drug or		Test
Drug class	Result	Dr	ug class		Result
Amphetamines	=======		========	=======	========
Amphetamine	noontie		Metabolit		
Methamphetamine	negative		ylecgonine	n	egative
Barbiturates	negative				
Amobarbital	noantie	Metha	aone	n	egative
Butabarbital	negative				
Butalbital	negative				egative
Pentobarbital	negative		morphone		egative
Phenobarbital	negative			n	egative
Secobarbital	negative	2			
Benzodiazepines	negative		yclidine	n	egative
ACB			noid 100		
MACB	negative		etabolite	P	OSITIVE
Inch	negative	9			
COMMENTS:					

					ST RESULT *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: LING LIU

Date: 01/24/92

POSITIVE *

FED PROPATION 🦈 LABORATORIES, I, 1505-A O'Brien Drive, Menlo Park, CA 94025 0004929419 Specimen No. CHAIN OF CUSTODY FOR DRUG ANALYSIS Results Name and Address Employer's Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office Federal Probation 668 Euclid Avenue #605 Cleveland, OH 44114 Account No. ST 100620101 Collection Site and Address Special Tests Requested ABM THC PLAINTIFF'S **EXHIBIT** B(11) Location Code: Reason For Test (Check One) O4 Medical O3 Accident Reasonable Other 06 Specify: 02 Random 05 Cause U 01 Preemployment Specimen Type Split Sample (Collect only if required by Client) Urine Blood ☐ Urine and Blood ☐ Yes 1 No COLLECTOR COMPLETES Specimen Identification (This information will appear only on plies 1,3.) **Date Collected** 1/14/ Specimen Identification (This information will appear on all copies.) Social Security # 279-Remarks Concerning Collection Temperature COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. Collector DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form. Donor's Signature or Initials Apply ▶ Barcode



USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.

COLLECTOR'S SIGNATURE

OVER CAP OF

SPECIMEN

SPECIMEN NO. 0004929419

S

DONOR'S SIGNATURE OR INITIALS

Shipper Airbill # Date Shipped Ship PharmChem Laboratories, Inc. Specimen 1505-A O'Brien Drive Menlo Park, CA 94025-1435

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

MARMCHEM LABORATORIES, INC. ABORATORY

.505-A O'Brien Drive, Menlo Park, CA, 94025 REPORT

ACCOUNT NUMBER: 100	0620101 BARCODE NUMBER:	004929419
SEND TO: ATT: Keith A. Koenning, CUSP U.S. Probation Office 310 Lakeside West Ste 400 Cleveland, OH 44113	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	01/14/92
Old Acct. No: FP 62A	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED: EETHODS AND DETECTION LEVEL	004282142 01/17/92 01/22/92
Drug or	Initial Wort	Confirmation Most

TEST METHODS AND DETECTION LEVELS	•	
Drug or Initial Test	Confirmation Tes	st
Drug Class Method CutOff M	Method Cut	tOff
Amphetamines EMIT 1000 ng/ml G	======================================	====== O ng/ml
Barbiturates EMIT 300 ng/ml G		0 ng/ml
Benzodiazepines EMIT 300 ng/ml G	GC 200	0 ng/ml
		ng/ml
Methadone EMIT 300 ng/ml G	GC 300	0 ng/ml
	GC/MS 150	ng/ml
Phencyclidine EMIT 25 ng/ml G	GC/MS 25	5 ng/ml
Cannabinoid 100 EMIT 100 ng/ml H		ng/ml

TEST RESULTS

Drug or Drug class	Test	Drug or	Test
	Result	Drug class	Result
Amphetamines Amphetamine Methamphetamine Barbiturates Amobarbital Butabarbital Butalbital Pentobarbital Phenobarbital Secobarbital Benzodiazepines ACB MACB	negative	Cocaine Metabolite Benzoylecgonine Methadone Methadone Opiates Codeine Hydromorphone Morphine Phencyclidine Phencyclidine Cannabinoid 100 THC Metabolite	negative negative negative negative negative negative negative

COMMENTS:

****** TEST RESULT * POSITIVE

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in ccordance with applicable requirements, and that these results are for that pecimen.

lesults Certified by: LING LIU

Date: 01/22/92

#	VA ##			n. 11111. 1		D. 88 1		<i>III 111111</i>
		~ ~	ĽAE	30R,	ATC	PRIE	S, 11	١.
150	5-A	O'Bi	rien Dri	ive, M	lenlo	Park,	CAS	9402
CH	IAII	V C	F CL	JST	ODY	FC	RE	RU

FED PROBATION

CH	IAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 000 4929427
	ults Name and Address Seith A. Koenning, Chief Prob. Off Sederal Probation Office	Employers Name and Address Federal Probation
6	68 Euclid Avenue #605 (27 a)	10
	1 - 2-	Account No. 100620101
Coll	ection Site and Address	Special Tests Requested
	ABM	THC PLAINTIFF'S EXHIBIT B(12)
Loca	ation Code:	
	Reason For Test (Check One) 01 Preemployment 02 Random 03 Accident 04	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
		olit Sample (Collect only if required by Client)
LETES	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected
COME	Specimen Identification (This information will appear on all copies.)	Social Security # 279-68-5742
COLLECTOR COMPLETES	Remarks Concerning Collection	Temperature
COL	COLLECTOR CERTIFICATION: I certify that the specimen identified on this forn it bears the same identification number as set forth above and that it has been	n is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided. Collector's Signature
DONOR		Inlying this form is my own and that I provided it to the collector. Further, I certify that that the information provided on this form and on the label is correct. Also, I consent the release by the laboratory of the results of the analysis as well as the information Donor's Signature or Initials
	pply ► arcode	929427 S [®]
ve on JSE SE BARCO	cond seal and collector's signature collectors signature.	PLACE OVER CAP OF SPECIMEN NO. 0004929427 S DONOR'S SIGNATURE OR INITIALS.
	Shipper Airbill # Date Shipp	Specimen 1505-A O'Brian Drive
IN	STRUCTIONS TO COLLECTOR	Memo : any on order-1700

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

 DESTRIBUTE OF THE ADDITION OF

REPORT

1303 If O Bilen Blive, Men	TO Falk, C	A, 94025		REPORT
CCOUNT NUMBER:	100620101	BARCODE NUMBER:		004929427
TOTO ONLY MONDEM.	100020101	DARCODE NUMBER:		004929427
SEND TO:		SPECIMEN ID:		
ATT: Keith A. Koenning, C	USPO	SPECIMEN ID:		
U.S. Probation Office		SPECIMEN DATE:		01/21/92
310 Lakeside West Ste 400		TEST TYPE:		
Cleveland, OH 44113		LOCATION CODE:		
		ACCESSION NUMBER:		004319558
		DATE RECEIVED:		01/25/92
Old Acct. No: FP 62A		DATE REPORTED:		01/28/92
TES	T METHODS	AND DETECTION LEVE	======== LS	
Drug or		tial Test	Confirmation	Tost
Drug Class	Method	CutOff	Method	CutOff
:======================================			==========	
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ng/ml
Barbiturates	EMIT	300 ng/ml	GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
:======================================	=======	===========	=======================================	=========
Davis on		ST RESULTS		
Drug or	Test	Drug		Test
Drug class	Result		ass	Result
Amphetamines		Cocaine Meta	======== bolite	=========
Amphetamine	negativ		_	negative
Methamphetamine	negativ			negueive
Barbiturates	3	Methadone		nogativo
Amobarbital	negativ			negative
Butabarbital	negativ	-		
Butalbital	negativ			negative
Pentobarbital	negative	4 1		negative
Phenobarbital	negative	_	_	negative
Secobarbital				
Benzodiazepines	negative	1	ine	negative
ACB	nomatica	Cannabinoid		
MACB	negative		lite	POSITIVE
	negative	e		
COMMENTS:			***	*****
				EST RESULT *
				DOCTETIES +

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in specimen.

lesults Certified by: SUZANNE SAMPSON

Date: 01/28/92

POSITIVE *

	FED PRO	ATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 000	4929434
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office A A A A A A A A A A A A A A A A A A A	Employer's Name and Address Federal Probation	
Cleverand, on 44114	^Account No. 10068	20101
Collection Site and Address ABiM	Special Tests Requested	PLAINTIFF'S EXHIBIT B(13)
Location Code:		2
Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident	Periodic Reasonable 04 Medical 05 Cause	Other 06 Specify:
Specimen Type Tirine Blood Urine and Blood	Split Sample (Collect only if required by Clie Yes No	Date Collected
Specimen Identification (This information will appear only on plies 1,3.)		1/24/92
Specimen Identification (This information will appear on all copies.)		Social Security # 279-68-57
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	orm is the specimen presented to me by the	Temperature donor providing the certification be
	Callector's Signature	layouich.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accommendation the specimen container was sealed with a tamperproof seal in my presence at the specimen accompanying this form by the laboratory and recorded on this form to the organization and/or individual listed on this form	panying this form is my own and that I proved that the information provided on this form I to the release by the laboratory of the result of the polymer is signature or Initials	vided it to the collector. Further, I can and on the label is correct. Also, lits of the analysis as well as the inf
DO THE STATE OF TH	4929434 S [®]	A 0
Apply Barcode vertically on bottle	/ PLACE \ SPECIMEN NO. 20	04929434 S
USE SECOND SEAL AND COLLECTOR'S SIGNATURE OR SPLIT SAMPLE.	OVER CAP OF	'S SIGNATURE OR INITIALS
Shipper Airbill # Date Sh	Specimen 1505	mChem Laboratories, Inc. -A O'Brien Drive o Park, CA 94025-1435

- Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

505TA O'Brien Drive, Menlo Park, CA, 94025

REPORT

		•		
.CCOUNT NUMBER:	100620101	BARCODE NUMBER:		004929434
END TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		01/24/92
Old Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004343950 01/29/92 01/30/92
	EST METHODS	AND DETECTION LEVEL		==========
Drug or Drug Class	Method	tial Test CutOff ========	Confirmat: Method	CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 25 ng/ml 100 ng/ml	GC/MS GC GC GC GC GC/MS	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
		ST RESULTS		=======================================
Drug or Drug class	Test Result			Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negativ negativ	Cocaine Metab e Benzoylecgo e Methadone Methadone		negative negative
Amobarbital Butabarbital Butalbital Pentobarbital	negativ negativ negativ negativ	e Codeine e Hydromorpho	ne	negative negative negative
Phenobarbital Secobarbital Benzodiazepines	negativ negativ		ne	negative
ACB MACB	negativ negativ		ite	POSITIVE
COMMENTS:			•	************* * TEST RESULT * * POSITIVE *
			,	* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

lesults Certified by: LING LIU

Date: 01/30/92

LABORATORIES, C.

1505-A O'Brien Drive, Menlo Park, CA 94025

CHAIN OF CLISTODY FOR DRUG ANALYSIS

TOBATION

Specimen No.

0004929463

ARCODE FOR BLOOD	Reason For Test (Check One)						1 FOR DRUG		_
Account No. 100620101 Collection Site and Address ABM Collection Site and Address Specimen Type Or Precemployment Specimen Type Or Precemployment Specimen Identification (This information will appear only on piles 1.3) Collection Site and Site Security Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Collector Collection Collector Collection Collection	Collection Site and Address ABM Collection Site and Address Collection Site and Site an			ne and Address	Employer's Nam	Prob. Off	ing, Chief		
Collection Site and Address Special Tests Requested Special Tests Requested Check Crie Check Crie Special Tests Requested Check Crie Special Tests Requested Check Crie Special Tests Requested Check Crie Check Crie Special Tests Requested Check Crie	Collection Site and Address ABM Plaint Pla			Probation					
Collection Site and Address Special Tests Requested Special Tests Requested Check Cnee Plaintiff's EXHIBIT	Collection Site and Address ABM Plaint Pla					EI 19 All: 2	nue #605	Euclid Ave veland, OH	66 C1
Collector Code: Plaintiffs	Plaint P		0101	10062	Account No.	RE	ξ.		
Reason For Test (Check One)	Reason For Test (Check One) Of Preemployment Oz Random Oz Accident Oz Medical Oz Gause Oz Gause Oz Specify:			equested	Special Tests Re				
Reason For Test (Check One) Other Other Preemployment Oz Random Os Accident Other Other Os Specify:	Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O4 Medical O5 Cause O6 Specify:	HIBIT	EXHIBIT		THC		3	RM	1
01 Preemployment 02 Random 03 Accident 04 Medical 05 Cause 06 Specify:	O1 Preemployment		E					Code:	Location
Specimen Identification (This information will appear only on piles 1,3.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Social Security # 279-68-574 Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. Collectors biphage DONOR CERTIFICATION AND CONSENT: Lentify that the specimen accompanying this parks on provided on this form on the plate is correct. Also, I control to the analysis of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative of the specimen accompanying this form by the laboratory and to the relative to the specimen accompanying this form by the laboratory and to the relative to the specimen accompanying this form by the laboratory and to the relative to the specimen accompanying this form by the laboratory and to the relative to the specimen accompanying this form by	Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Remarks Concerning Collection COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the cert it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form by movement of the specimen accompanying this form by the laboratory and to the rely so by the laboratory of the rely so by the laboratory of the rely so by the laboratory of the relations of the analysis of		☐ 06 Specify:	05 Cause	1 Medical			01 Preemployment	
Remarks Concerning Collection Temperature COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my swmand that I provided it to the collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that the pformation provided on this form and on theylaby is correct. Also, I control to the analysis of the specimen companying this form by the laboratory and to the relative by the laboratory of the results of the graphysis as well as the information provided on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle OF LACE OVER CAP OF SIGNATURE SPECIMEN NO. 0004929463 COLLECTOR'S SIGNATURE SPECIMEN NO. 0004929463 Specimen Donor's Signature or Initials COLLECTOR'S SIGNATURE Shipper Airbill # Date Shipped Ship PharmChem Laboratories, Inc. 1505-A O'Brien Drive	Remarks Concerning Collection Temperature Temperature COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certify bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this jem's my sewahand that I provided it to the appelmen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the laboratory and to the release by the laboratory of the results of the surface as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE PLACE OVER CAP		nty			Urine and Blood	Blood		
Remarks Concerning Collection Temperature COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my swmand that I provided it to the collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that the pformation provided on this form and on they aby is correct. Also, I control to the analysis of the specimen companying this form by the laboratory and to the reafse by the laboratory of the results of the analysis of the specimen companying this form by the laboratory and to the reafse by the laboratory of the results of the analysis as well as the information provided on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle OCOLLECTOR'S SIGNATURE SPECIMEN NO. 0004929463 COLLECTOR'S SIGNATURE SPECIMEN NO. 0004929463 Specimen Donor's Signature or initials COLLECTOR'S SIGNATURE Specimen Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive	Remarks Concerning Collection Temperature Temperature COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certify bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this jem's my sewahand that I provided it to the appelmen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the laboratory and to the release by the laboratory of the results of the surface as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE PLACE OVER CAP	92	Date Collected			ear only on plies 1,3.)	ais information will app	i (`	3113
Remarks Concerning Collection Temperature COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my swmand that I provided it to the collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that the pformation provided on this form and on theylaby is correct. Also, I control to the analysis of the specimen companying this form by the laboratory and to the relative by the laboratory of the results of the graphysis as well as the information provided on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle OF LACE OVER CAP OF SIGNATURE SPECIMEN NO. 0004929463 COLLECTOR'S SIGNATURE SPECIMEN NO. 0004929463 Specimen Donor's Signature or Initials COLLECTOR'S SIGNATURE Shipper Airbill # Date Shipped Ship PharmChem Laboratories, Inc. 1505-A O'Brien Drive	Remarks Concerning Collection Temperature Temperature COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certify bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this jem's my sewahand that I provided it to the appelmen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the laboratory and to the release by the laboratory of the results of the surface as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE PLACE OVER CAP	#	Social Security #			ear on all copies.)	L nis information will app		MPL
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. Collector's lighted re DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this term's my woo and that I provided it to the collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I con to the analysis of the specimen accompanying this term's my woo and that I provided it to the collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I con to the analysis of the specimen accompanying this term's my woo and that I provided it to the collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I con to the relates by the laboratory of the results of the analysis as well as the information provided on this form to the organization and/or individual listed on this form. Donor's Signature or Initials PLACE OVER CAP OF SPECIMEN NO. DONOR'S SIGNATURE OR INITIALS SE SECOND SEAL AND DONOR'S SIGNATURE OR INITIALS Airbill # Date Shipped Ship PharmChem Laboratories, Inc. 1505-A O'Brien Drive	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions and the collected in the specimen provided in the instructions. DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form by the laboratory and to the specimen container was sealed with a tamperproof seal in my presence and that the formation provided on this form and on the labely is cort to the analysis of the specimen accompanying this form by the laboratory and to the register by the laboratory of the results of the arabyst as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle OVER CAP OV	8-574	1						
COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. Collector's lightagre DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this specimen provided on this form shand on the daby is correct. Also, I con to the analysis of the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the the specimen accompanying this term's my www.and that I provided it to line collector. Further, I certify the the specimen container was sealed with a tamperproof seal in my presence and that I provided it to line collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that I provided it to line collector. Furth	COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certify that the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions of the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions of the specimen accompanying this form is the specimen accompanying this form is the specimen accompanying this form is the specimen accompanying this form by the laboratory and to the representation of the specimen accompanying this form by the laboratory and to the representation of the specimen accompanying this form. Apply Barcode vertically on bottle Over CAP		Temperature				ction	marks Concerning Colle	TOR
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form's my excellent that I provided it to this collector. Further, I certify the specimen accompanying this form's my excellent that I provided it to this collector. Further, I certify the specimen accompanying this form by the laboratory and to the results of the specimen accompanying this form by the laboratory and to the results of the specimen accompanying this form by the laboratory and to the results of the specimen accompanying this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle See Second SEAL AND Accode FOR BLOOD R SPLIT SAMPLE. Shipper Airbill # Date Shipped Specimen Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this term is my own and that I provided it to the collector. It is specimen container was sealed with a tamperproof seal in my presence and that the join make the specimen accompanying this form to the analysis of the specimen accompanying this form by the laboratory and to the relates by the laboratory of the results of the arabysis as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle Over Cap OF SPECIMEN NO. 0004929463 COLLECTOR'S SIGNATURE PLACE OVER CAP OF SPECIMEN DONOR'S SIGNATURE OR INITIA RESPUT SAMPLE. Shipper Airbill # Date Shipped Ship PharmChem Laboratorie								EC
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form's my excellent that I provided it to this collector. Further, I certify the specimen accompanying this form's my excellent that I provided it to this collector. Further, I certify the specimen accompanying this form by the laboratory and to the results of the specimen accompanying this form by the laboratory and to the results of the specimen accompanying this form by the laboratory and to the results of the specimen accompanying this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle See Second SEAL AND Accode FOR BLOOD R SPLIT SAMPLE. Shipper Airbill # Date Shipped Specimen Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this term is my own and that I provided it to the collector. It is specimen container was sealed with a tamperproof seal in my presence and that the join make the specimen accompanying this form to the analysis of the specimen accompanying this form by the laboratory and to the relates by the laboratory of the results of the arabysis as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle Over Cap OF SPECIMEN NO. 0004929463 COLLECTOR'S SIGNATURE PLACE OVER CAP OF SPECIMEN DONOR'S SIGNATURE OR INITIA RESPUT SAMPLE. Shipper Airbill # Date Shipped Ship PharmChem Laboratorie	certification below, ions provided.	donor providing the certificate with the instructions pro	esented to me by the d nd sealed in accordance	n is the specimen pr collected, labeled a	specimen identified on this th above and that it has b	TON: I certify that the stition number as set for	LLECTOR CERTIFICAT ears the same identification	100
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this term's my swandand that I provided it to the collector. Further, I certify the specimen container was sealed with a tamperproof seal in my presence and that the priormation provided on this form and on the label is correct. Also, I container was sealed with a tamperproof seal in my presence and that the priormation provided on this form and on the label is correct. Also, I container was sealed with a tamperproof seal in my presence and that the priormation provided on this form and on the label is correct. Also, I container was sealed with a tamperproof seal in my presence and that the provided it to the collector. Further, I certify that the specimen accompanying this form to the provided it to the collector. Further, I certify that the specimen accompanying this form to the provided on this form to the provided on this form and on the label is correct. Also, I container was sealed with a tamperproof seal in my presence and that the priormation provided on this form and that I provided it to the collector. Further, I certify that I the provided on this form and that I provided it to the collector. Further, I certify that the provided on this form to the original to the results of the arrays as well as the information on the label is correct. Also, I container the provided on this form to the original to the results of the arrays as well as the information on the label is correct. Also, I container the provided on this form to the original to the results of the arrays as well as the information on the label is correct. Also, I container the provided on this form to the original to the results of the arrays as well as the information on the label is correct. Also, I container the provided on this form to the original to the results of the arrays as well as the information on the label is correct. Also, I container the provided on this form the provided on this form the provided on this form to the original to the results of the arrays	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this term is my swm and that I provided it to the collector. I the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is corn to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the atalysis as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD RESPLIT SAMPLE. COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE Date Shipped PharmChem Laboratorie	h.	regovide.	ey a. ll	leff				
the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the labby is correct. Also, I container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the labby is correct. Also, I contained the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information provided on this form and on the labby is correct. Also, I contained the total container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the labby is correct. Also, I contained the laboratory of the results of the analysis of the analysis as well as the information provided on this form and on the laboratory of the results of the analysis as well as the information of the analysis as well as the information of the analysis as well as the information of the analysis of the analysis as well as the information of the analysis of the analysis as well as the information of the analysis of the analysis of the	the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the laboratory and to the release by the laboratory of the results of the agralysis as we recorded on this form to the organization and/or individual listed on this form. Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE Airbill # Date Shipped Shipper Airbill # Date Shipped Ship PharmChem Laboratorie	or Eurther I certify	ded it to the collector Furth			ify that the enecimen seco	AND CONSENT: Load	NOR CERTIFICATION	
Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE Date Shipped Shipper Airbill # Date Shipped Specimen Specimen PLACE OVER CAP OF SPECIMEN NO. 0004929463 DONOR'S SIGNATURE OR INITIALS Airbill # Date Shipped Specimen Specimen 1505-A O'Brien Drive	Apply Barcode vertically on bottle SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE Date Shipped Airbill # Date Shipped Ship PharmChem Laboratorie	correct. Also, I con well as the informa	and on the label is correct is of the analysis as well as	provided on this form laboratory of the results	that the information the release by the	proof seal in my presence is form by the laboratory a	s sealed with a tamper men accompanying thi	specimen container wa	NOR PLETE
SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE SPECIMEN Date Shipped Shipper Airbill # Date Shipped Specimen Specimen Specimen Specimen Specimen Specimen Specimen	SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. COLLECTOR'S SIGNATURE COLLECTOR'S SIGNATURE Shipper Airbill # Date Shipped Ship PharmChem Laboratorie	91		or Initials	Donor's Signature				ၓ
SE SECOND SEAL AND ARCODE FOR BLOOD R SPLIT SAMPLE. COLLECTOR'S SIGNATURE SPECIMEN DONOR'S SIGNATURE OR INITIALS Airbill # Date Shipped Ship Specimen Spec	SE SECOND SEAL AND ARCODE FOR BLOOD R SPECIMEN SPECIMEN DONOR'S SIGNATURE OR INITIAL SPECIMEN DONOR'S SIGNATURE OR INITIAL SPECIMEN SPECIMEN DONOR'S SIGNATURE OR INITIAL SPECIMEN DONOR SPECIMEN D	S	24929463 S	PECIMEN NO. 190	PLACE SP			de ally the	Bard verti
Specimen Specimen 1505-A O'Brien Drive	, in amonem caboratoric	NITIALS	SIGNATURE OR INITIALS	DONOR'S	(OF)	SIGNATURE	COLLECTOR'S	FOR BLOOD	ARCOD
2/14/92 Specified To Menlo Park, CA 94025-1435		ories, Inc.	Chem Laboratories, I	Ship Pharm	, , , , , , , , , , , , , , , , , , , ,		Airbill #	pper	
	2/14/92 Specified To Menlo Park, CA 94025-1	5-1435	Park, CA 94025-1435	To Menlo	/92 Speci	2/	1 a	1	

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

 Distribute copies of Chain of Custody form as indicated on each copy.

 Distribute copies of Chain of Custody form as indicated on each copy.

.505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

.505-A O'Brien Drive, Mer	ilo Park, C	A, 94025	REPORT
CCOUNT NUMBER:	100620101	BARCODE NUMBER:	004929463
GEND TO: ATT: Keith A. Koenning, Country of the Cou		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	02/14/92
Old Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004477909 02/22/92 02/26/92
TES	T METHODS	AND DETECTION LEVELS	
Drug or			onfirmation Test
Drug Class	Method		thod CutOff
:======================================	========	=======================================	=======================================
Amphetamines	EMIT	1000 ng/ml GC	/MS 250 ng/ml
Barbiturates	EMIT	300 ng/ml GC	500 ng/ml
Benzodiazepines	EMIT	300 ng/ml GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml GC	300 ng/ml
Methadone	EMIT	300 ng/ml GC	300 ng/ml
Opiates	EMIT		/MS 150 ng/ml
Phencyclidine	EMIT		MS 25 ng/ml
Cannabinoid 100	EMIT		TLC 50 ng/ml
	========= an	======================================	
Drug or	Test	Drug or	Test
Drug class	Result	Drug class	Result
:======================================	=======		
Amphetamines		Cocaine Metabol:	ite
Amphetamine	negativ		ne negative
Methamphetamine	negativ		
Barbiturates		Methadone	negative
Amobarbital	negativ		- 120 Ja
Butabarbital	negativ		negative
Butalbital	negativ		negative
Pentobarbital	negativ		negative
Phenobarbital	negativ	The state of the s	
Secobarbital	negativ		negative
Benzodiazepines ACB		Cannabinoid 100	
MACB	negativ		POSITIVE
MACB	negativ	9	
COMMENTS:			*******
			* TEST RESULT *
			* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY

Date: 02/26/92

	5-A O'Brien Drive, Menlo Park, CA 94025	Specimen No. 0004929531
CH	IAIN OF CUSTODY FOR DRUG ANALYSIS ,	10 3
F 6	ults Name and Address leith A. Koenning, Chief Prob. Off lederal Probation Office 68 Euclid Avenue #605 leveland, OH 44114	Employer's Name and Address Federal Probation
	QT	Account No. 100620101
Colle	ection Site and Address	Special Tests Requested
	ABM	PLAINTIFF'S EXHIBIT B(15)
Loca	ation Code:	E
	Reason For Test (Check One)	Periodic Reasonable Other
	O1 Preemployment O2 Random O3 Accident C Specimen Type Orine Blood Urine and Blood	04 Medical 05 Cause 06 Specify:
ETES	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 2/21/42
COMPLI	Specimen Identification (This information will appear on all copies.)	Social Security #
	Developed to the state of the s	279-68-5742
COLLECTOR	Remarks Concerning Collection	Temperature
COFI	COLLECTOR CERTIFICATION: I certify that the specimen identified on this it bears the same identification number as set forth above and that it has been set forth above and that it has been set forth above.	form is the specimen presented to me by the donor providing the certification below, been collected, labeled and sealed in accordance with the instructions provided.
DONOR	the engineer container was pooled with a terror proof and in my account	ompanying this form is my own and that I provided it to the collector. Further, I certify and that the information provided on this form and on the label is correct. Also, I corn do to the collector by the laboratory of the results of the analysis as well as the information. Donor's Signature or Initials
Ba ve on use se	pply arcode ertically in bottle ECOND SEAL AND DODE FOR BLOOD COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 0004929531 S DONOR'S SIGNATURE OR INITIALS
	LIT SAMPLE.	

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

PHARMCHEM LABORATORIES, INC.
LABORATORY
1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

	========			===========
ACCOUNT NUMBER:	100620101	BARCODE NUMBER:		∞ 004929531
GEND TO: ATT: Keith A. Koenning U.S. Probation Office 310 Lakeside West Ste Cleveland, OH 44113	400	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		02/21/92
Old Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	:	004507223 02/27/92 03/02/92
		AND DETECTION LEVE	======= ?T.S	
Drug or		tial Test		tion Test
Drug Class	Method	CutOff	Method	CutOff
Amphetamines Barbiturates	EMIT EMIT	1000 ng/ml 300 ng/ml	GC/MS GC	250 ng/ml 500 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml	GC	300 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml	GC/MS	150 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	HPTLC	50 ng/ml
	TES	ST RESULTS		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug cl		Result
Amphetamines	=========			
Amphetamine	negative			nogativo
Methamphetamine	negative		Johnne	negative
Barbiturates	gutiv	Methadone		negative
Amobarbital	negative			guerve
Butabarbital	negative			negative
Butalbital	negative	Hydromorph	none	negative
Pentobarbital	negative	e Morphine		negative
Phenobarbital	negative			
Secobarbital	negative			negative
Benzodiazepines ACB		Cannabinoid		
MACB	negative		olite	POSITIVE
11102	negative	,		
COMMENTS:				*****
				* TEST RESULT *
				* POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: SUZANNE SAMPSON

Date: 03/02/92

PLAINTIFF'S
EXHIBIT B(16)
Other 06 Specify:
ent)
Date Collected
Social Security # 2 7 9 - 68 - 57
Temperature
donor providing the certification become with the instructions provided
ided it to the collector. Further, I on and on the label is correct. Also, its of the analysis as well as the in
֡֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜֜

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

•		
CCOUNT NUMBER: 1	====== 00620101	BARCODE NUMBER: 004929540
END TO: ATT: Keith A. Koenning, CU U.S. Probation Office 310 Lakeside West Ste 400 Cleveland, OH 44113	SPO	SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:
		ACCESSION NUMBER: 004564610 DATE RECEIVED: 03/06/92
Old Acct. No: FP 62A		DATE REPORTED: 03/10/92
TEST	METHODS	AND DETECTION LEVELS
Drug or		tial Test Confirmation Test
Drug Class	Method	CutOff Method CutOff
=======================================	=======	=======================================
Amphetamines	EMIT	1000 ng/ml GC/MS 250 ng/ml
Barbiturates	EMIT	300 ng/ml GC 500 ng/ml
Benzodiazepines	EMIT	300 ng/ml GC 200 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml GC 300 ng/ml
Methadone	EMIT	300 ng/ml GC $300 ng/ml$
Opiates	EMIT	300 ng/ml GC/MS 150 ng/ml
Phencyclidine	EMIT	25 ng/ml GC/MS 25 ng/ml
Cannabinoid 100	EMIT	100 ng/ml HPTLC 50 ng/ml
=======================================		CM DECUT MC
Drug or		ST RESULTS
Drug or Drug class	Test Result	Drug or Test Drug class Result
:=====================================	result	Diug Class Result
Amphetamines		Cocaine Metabolite
Amphetamine	negativ	
Methamphetamine	negativ	
Barbiturates		Methadone negative
Amobarbital	negativ	
Butabarbital	negativ	
Butalbital	negativ	
Pentobarbital	negativ	e Morphine negative
Phenobarbital	negativ	
Secobarbital	negativ	1
Benzodiazepines		Cannabinoid 100
ACB MACB	negativ negativ	
COMMENTS:	<i></i> .	
COUNTENTS:		*******
		* TEST RESULT *
		* POSITIVE *
COC IS DATED 03.0	3.91	*******

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in applicable requirements, and that these results are for that specimen.

Results Certified by : Ling Lin

3/10/92

LABORATORIES, IN	FED PROPATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004929554
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 92 MAR 12 668 Euclid Avenue #605 Cleveland, OH 44114	And the Country of th
OHN CL	Account No. 1 0 0 6 2 0 1 0 1
Collection Site and Address ABM Location Code:	Special Tests Requested THC PLAINTIFF'S EXHIBIT B(18)
Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O4	Periodic Reasonable Other 4 Medical 05 Cause 06 Specify:
Specimen Type Urine Blood Urine and Blood	olit Sample (Collect only if required by Client) Yes No
Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.)	Date Collected 3/10/92
Specimen Identification (This information will appear on all copies.)	Social Security # 279-48-5742
Remarks Concerning Collection	Temperature
	belleya. Dragovich.
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompthe specimen container was sealed with a tamperproof seal in my presence and to the analysis of the specimen accompanying this form by the laboratory and trecorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector. Further, I certify that d that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the smallesis as well as the information Donor's Signature or Initials
Apply Barcode vertically on bottle USE SECOND SEAL AND BARCODE FOR BLOOD COLLECTOR'S SIGNATURE	PLACE OVER CAP OF SPECIMEN NO. 2004929554 S DONOR'S SIGNATURE OR INITIALS
OR SPLIT SAMPLE.	· na constitution

Date Shipped

Ship Specimen PharmChem Laboratories, Inc. 1505-A O'Brien Drive Menlo Park, CA 94025-1435

INSTRUCTIONS TO COLLECTOR

Shipper

1.504.40

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

Airbill #

1505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

3				
=======================================	========	===========	=======	======
ACCOUNT NUMBER:	100620101	BARCODE NUMBER:		004929554
SEND TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/10/92
Old Acct. No: FP 62A	========	ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004604654 03/13/92 03/18/92
	EST METHODS	AND DETECTION LEVE		===========
Drug or	Ini	tial Test		- ·
Drug Class	Method			ation Test
=======================================	Method	CutOff	Method	CutOff
Amphetamines	EMIT	1000 ng/ml	GC/MS	250 ()
Barbiturates	EMIT	300 ng/ml	GC/ MS	250 ng/ml
Benzodiazepines	EMIT	300 ng/ml	GC	500 ng/ml
Cocaine Metabolite	EMIT	300 ng/ml		200 ng/ml
Methadone	EMIT	300 ng/ml	GC	300 ng/ml
Opiates	EMIT	300 ng/ml		300 ng/ml
Phencyclidine	EMIT	25 ng/ml	GC/MS	150 ng/ml
Cannabinoid 100	EMIT	100 ng/ml	GC/MS HPTLC	25 ng/ml
:======================================	========	100 Ng/M1 ==========	HEILC	50 ng/ml
	TES	ST RESULTS		
Drug or	Test	Drug	or	Test
Drug class	Result	Drug cl		Result
	========	===========	=======	result
Amphetamines		Cocaine Metal	bolite	
Amphetamine	negative	Benzoylecgo		negative
Methamphetamine	negative	Methadone		negacive
Barbiturates		Methadone		negative
Amobarbital	negative	Opiates		negucive
Butabarbital	negative			negative
Butalbital	negative	Hydromorpho	one	negative
Pentobarbital	negative	Morphine		negative
Phenobarbital	negative	Phencyclidine	9	negative
Secobarbital	negative	Phencyclidi	ine	negative
Benzodiazepines		Cannabinoid 1	100	negative
ACB MACB	negative	THC Metabol		POSITIVE
MACB	negative			TOBITIVE
COMMENTS:				

				* TEST RESULT *
				* POSITIVE *
				444444

I certify that the specimen identified by this accession number is the same pecimen that bears the specimen identification barcode number set forth above, hat the specimen has been examined upon receipt, handled and analyzed in coordance with applicable requirements, and that these results are for that pecimen.

esults Certified by: LING LIU

Date: 03/18/92

1	LABORATORIES, IN.
	15-A C ³ Brien Drive, Menlo Park, CA 94029 HAIN OF CUSTODY FOR DRU
Res	sults Name and Address

F	E	D	-	0	1	B	A	T	I	0	N
						3					

0004020241

Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation 668 Euclid Avenue #605 Cleveland, OH 44114 Collection Site and Address	CHA	AIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0004330341				
Collection Site and Address Special Tests Requested Temperature Special Tests Requested Plaintiff's EXHIBIT B(17) Periodic of Reasonable of Specify: Specimen Type of Urine of Blood of Urine and Blood of Yes No Specimen Identification (This information will appear only on piles 1,3.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. Collector's Signature	Ke Fe	eith A. Koenning, Chief Prob. Off ederal Probation Office 58 Euclid Avenue #605					
Location Code: Reason For Test (Check One)			Account No. 100620101				
Reason For Test (Check One) Post Other Other	Colle	ction Site and Address	Special Tests Requested				
Reason For Test (Check One) O1 Preemployment O2 Random O3 Accident O4 Medical O5 Cause O6 Specify: Specimen Type Urine Blood Urine and Blood Vrine Specimen Identification (This information will appear only on plies 1,3.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Specimen Identification (This information will appear on all copies.) Social Security # COLLECTOR CERTIFICATION: I certify that the specimen identified on this form is the specimen presented to me by the donor providing the certification below, that it bears the same identification number as set forth above and that it has been collected, labeled and sealed in accordance with the instructions provided. Collector's Signature		-Team II	THE PLAINTIFF'S EXHIBIT B(17) B(17)				
O1 Preemployment O2 Random O3 Accident O4 Medical O5 Cause O6 Specify:	Locat	tion Code:					
Urine Blood Urine and Blood Yes No		01 Preemployment 02 Random 03 Accident 00	4 Medical U 05 Cause U 06 Specify:				
Collector's Signature	(0						
Collector's Signature	LETE	Specimen Identification (This information will appear only on plies 1,3.)	Date Collected 3-5-92				
Collector's Signature	сомь	Specimen Identification (This information will appear on all copies.)	Social Security #				
Collector's Signature	ECTOR	Remarks Concerning Collection	Temperature				
	ПОО	COLLECTOR CERTIFICATION: I certify that the specimen identified on this for it bears the same identification number as set forth above and that it has been	m is the specimen presented to me by the donor providing the certification below, that collected, labeled and sealed in accordance with the instructions provided.				
DONOR CERTIFICATION AND CONSENT: I certify that the specimen accompanying this form is my own and that I provided it to the collector. Further, I certify that the specimen container was sealed with a tamperproof seal in my presence and that the information provided on this form and on the label is correct. Also, I consent to the analysis of the specimen accompanying this form by the laboratory and to the release by the laboratory of the results of the analysis as well as the information recorded on this form to the organization and/or individual listed on this form. Donor's Signature or Initials			Collector's Signature				
Donor's Signature or Initials	DONOR OMPLETES	DONOR CERTIFICATION AND CONSENT: I certify that the specimen accomp the specimen container was sealed with a tamperproof seal in my presence an to the analysis of the specimen accompanying this form by the laboratory and trecorded on this form to the organization and/or individual listed on this form.	anying this form is my own and that I provided it to the collector. Further, I certify that d that the information provided on this form and on the label is correct. Also, I consent to the release by the laboratory of the results of the analysis as well as the information				
	Ö		Donor's Signature or Initials				

Apply ▶ Barcode vertically on bottle

COLLECTOR'S SIGNATURE

PLACE OVER CAP OF **SPECIMEN**

SPECIMEN NO. 0004930341

DONOR'S SIGNATURE OR INITIALS PharmChem Laboratories, Inc.

USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE.

30.400

- · Complete all unshaded areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

REPORT

	chio rurn, c	, 51025	1122 0112
ACCOUNT NUMBER:	100620101	BARCODE NUMBER:	004930341
SEND TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:	03/05/92
Old Acct. No: FP 62A		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:	004580624 03/10/92 03/12/92
T	EST METHODS	AND DETECTION LEVELS	
Drug or Drug Class	Method	tial Test Confirmation CutOff Method	CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml GC/MS 300 ng/ml GC 300 ng/ml GC/MS 25 ng/ml GC/MS 100 ng/ml HPTLC	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
	========= an	======================================	
Drug or Drug class	Test Result	Drug or Drug class	Test Result
Amphetamines Amphetamine Methamphetamine Barbiturates	negativ negativ	Cocaine Metabolite e Benzoylecgonine	negative negative
Amobarbital Butabarbital Butalbital Pentobarbital	negativ negativ negativ negativ	e Codeine e Hydromorphone e Morphine	negative negative negative
Phenobarbital Secobarbital Benzodiazepines ACB MACB	negativ negativ negativ negativ	ive Phencyclidine ive Phencyclidine negat Cannabinoid 100 ive THC Metabolite POSI	
COMMENTS:	negaciv	k k	************** TEST RESULT * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

Results Certified by: CHRISTIN CONNOLLY

Date: 03/12/92

LABORATORIES, IN.	FED POBATION
1505-A O'Brien Drive, Menlo Park, CA 94025 CHAIN OF CUSTODY FOR DRUG ANALYSIS	Specimen No. 0005155086
Results Name and Address Keith A. Koenning, Chief Prob. Off Federal Probation Office 668 Euclid Avenue #605 Cleveland, OH 44114	Employer's Name and Address Federal Probation PLAINTIFF'S EXHIBIT B19
Collection Site and Address Ataum	Special Tests Requested 5
Location Code:	VEL :
Specimen Type Urine	Collector's Signature Inpanying this form is my own and that I provided it to the collector. Further, I certify that and that the information provided on this form and on the labor is correct. Also, I consent to the release by the laboratory of the results of the aralysis as well as the information
Apply Barcode vertically on bottle USE SECOND SEAL AND BARCODE FOR BLOOD OR SPLIT SAMPLE. Shipper Airbill # Date Sh	, i i i i i i i i i i i i i i i i i i i
3	Specimen 1505-A O'Brien Drive Menlo Park, CA 94025-1435

- Complete all <u>unshaded</u> areas of form.
- Affix tamperproof seal and barcode as illustrated.
- Ask donor to sign Donor Certification and Consent and initial/sign tamperproof seal.
- Place specimen and laboratory copy of Chain of Custody form in shipping container.
- Keep specimen in secure storage until shipped.
- Distribute copies of Chain of Custody form as indicated on each copy.

505-A O'Brien Drive, Menlo Park, CA, 94025

REPORT

• 5				
.CCOUNT NUMBER:	100620303	BARCODE NUMBER:	.======	005155086
END TO: ATT: Keith A. Koenning, U.S. Probation Office 310 Lakeside West Ste 4 Cleveland, OH 44113		SPECIMEN ID: SPECIMEN ID: SPECIMEN DATE: TEST TYPE: LOCATION CODE:		03/24/92
Old Acct. No: FP 62C		ACCESSION NUMBER: DATE RECEIVED: DATE REPORTED:		004688507 03/28/92 03/31/92
		AND DETECTION LEVE		=============
Drug or Drug Class	Method	tial Test CutOff	Method	ation Test CutOff
Amphetamines Barbiturates Benzodiazepines Cocaine Metabolite Methadone Opiates Phencyclidine Cannabinoid 100	EMIT EMIT EMIT EMIT EMIT EMIT EMIT EMIT	1000 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml 300 ng/ml	GC/MS GC GC GC GC/MS	250 ng/ml 500 ng/ml 200 ng/ml 300 ng/ml 300 ng/ml 150 ng/ml 25 ng/ml 50 ng/ml
		ST RESULTS		
Drug or Drug class	Test Result	Drug Drug cl	ass	Test Result
Amphetamines Amphetamine Amphetamine Methamphetamine Barbiturates	negativ negativ	Cocaine Meta e Benzoyleco	abolite	negative negative
Amobarbital Butabarbital Butalbital	negativ negativ negativ	e Opiates e Codeine	none	negative negative
Pentobarbital Phenobarbital Secobarbital	negativ negativ negativ	e Morphine e Phencyclidir	ne	negative
Benzodiazepines ACB MACB	negativ	Cannabinoid e THC Metabo	100	negative POSITIVE
	negativ	e		
COMMENTS:				******
				* TEST RESULT * * POSITIVE *

I certify that the specimen identified by this accession number is the same specimen that bears the specimen identification barcode number set forth above, that the specimen has been examined upon receipt, handled and analyzed in accordance with applicable requirements, and that these results are for that specimen.

lesults Certified by: MIKE MCMANAMON

Date: 03/31/92



MONTHLY URINALYSIS LOG

NOVEMBER, 1991 MONTH:

MONTH: OCTOBER, 1991

10-01

() 1- 01

DATE 10-16

DECEMBER, 1991

MONTH:

RESULT N				
DATE 11-8				

FEBRUARY, 1992	RESULT A P P
MONTH:	DATE SALIC DESTE

01-1 南

MARCH, 1992

MONTH:

JANUARY, 1992

MONTH:

RESULT

DATE

3

Q_{i}
7
Ţ

	JURISDICTION 3 □ AP	PEALS HER	2. MAG. DOCKE	I NO.	3. DIST. CT. E = 89-CR-83-	TNO. (05)-E	OUCHER NO.	6107	
4.	APPEALS DOCKET NO. 5.	FOR (DISTRICT/CIRCUIT)	6. LOC. CODE		7. CHARGE/OFFEN		ner code citation)	7A. CASE	
		N.D. OKLAHOMA	OKNIL	Ĭ				PR	
8.	IN THE CASE OF			9. PERS	ON REPRESENTED (FULL	NAME)	Total State	9A. NO.	
	United States	vs Ladd			David Royce La	edd	FI	PEPR	
	PERSON REPRESENTED (STATUS)			11. PRO0	CEEDINGS (Describe brief	ly)	PL	L	
		□ APPELLANT 5 → OTH	HER						
	DEFENDANT-JUVENILE 4 PAYMENT CATEGORY	APPELLEE			- ALL PROC	CEEDINGS	- AF	R13	
		Y OFFENSE E TOTHER					• • • •		
	B □ MISDEMEANOR D □ APPE		violation				Richard A	A. Lawre	
	. COURT ORDER			1	14. FULL NAME OF ATTO Including Suffix) AND N	RNEY/PAYEE	(First Name)	STRICT	
	Appointing Counsel F D S	Subs. for FD Subs. for Retained Atty.					ESS WITH THE	DISTRICT OF	
	C ☐ Co-Counsel R ☐ S C ☐ Subs. for Panel Atty				John Dowdell				
Ô		Name of prior panel at	ttorney		2300 Mid-Cor	Tover			
4	Appt. Date	Vougher No.			Tulsa, OK	74103			
,	ppi. Date	voucher No			15. WORK PHONE	164 Does the	attorney have the	propyloting	
-	donound the above around the					ment (se	e Instructions) with a	a corporatio	
0	decause the above-named "person reput the recause the above-named "person reput the court that he o	r she (1) is financially unable	to employ counsel	91	8/583-7571			rofessional corporation?	
a	nd (2) does not wish to waive counse	l, and because the interests of	of justice so require		16B. SOCIAL SECURITY I		16C. EMPLOYER I.I	O NO	
th	ne attorney whose name appears in it nis case.	em 14 is appointed to represe	ent this person in		(Only provide per inst		(Only provide p		
1					16D NAME AND MAILING	ADDDESS OF	L AM FIDA		
					16D. NAME AND MAILING (Only provide per inst		LAW FIRM		
1	Sig. of Presiding Judicial Officer or	By Order of Court (Clerk/Dep	outy)		•				
			العوار أعلوا						
9	March 30, 1992 Date of Order		13211	F	2				
	Date of Order	Nunc F	Pro Tunc Date						
			IM FOR SERVICE	CES OR	EXPENSES				
	SERVI	CE	HOU	RS	DAT	ES		rate per hou	
17.	a. Arraignment and/or Plea						times tot obtain "Ir	tal hours to	
	b. Bail and Detention Hearings			3	:-		compens		
	c. Motions Hearings						Enter tot	al below.	
R	d. Trial						17A. TO	and the second second	
COURT	e. Sentence Hearings							URT COMP.	
Z	f. Revocation Hearings								
	g. Appeals Court		H v						
	h. Other (Specify on additional shee	ets)							
	(Rate per hour = \$60								
8.	a. Interviews and conferences) TOTAL HOUNG					\$		
F	b. Obtaining and reviewing records						Multiply r	ate per hou al hours. Ent	
COURI	c. Legal research and brief writing						total "out	of court"	
5		1. 1.1					1	sation below.	
	d. Travel time (Specify on additional			-				TAL OUT OF URT COMP.	
100	e. Investigative and other work (Spe							JATA GOIVIP.	
9.	(Rate per hour = \$40) TOTAL HOURS =					\$		
0.	TRAVEL, LODGING, MEALS I	ETC. AMOUNT	The second of	OTHER I	EXPENSES	AMOU	NT 19A. TOT	AL TRAVEL	
,			1				\$		
EXPENSES					A 9		19B. TOT	AL OTHER	
		37					\$		
Z L	2103 BL BUILD	- ·					20. GRAN	ND TOTAL	
1		7 P					CLAIN		
							\$		
21.	CERTIFICATION OF ATTORNEY/PAY	EE FOR PERIOD	2	-	ТО		ΙΦ		
	☐ Final Payment I ☐ Interim Payme		pensation and/or roi	mhureama	nt for work in this case pro	ovioust - t			
y	es, were you paid? YES NO	If yes, by whom were your	paid?	How mu	ch? Hoo	the names see	manufactural and	s □ NO	
110	ley to you, or to your knowledge to a	nyone else, in connection with	the matter for which	h you were	appointed to provide repr	resentation?	YES No		
ı yı	es, give details on additional sheetsvear or affirm the truth or correctness								
~	or control and tradit of correctness	the state of the s	SIGNATURE OF ATT	OBNEV	DAVEE				
	22. IN COURT COMP.					EVOE	DATE		
	e e	a. Sol of Gooth Golvie.	24. TRAVEL	EXPENSE	25. OTHER	EXPENSES		AL AMT. PROVED/CE	
į	<u>-</u> ΓΦ	IDICIAL OFFICER	\$		\$		\$		
VED	27 SIGNATURE OF PRESIDING III	(SIGNALURE OF PRESIDING JUDICIAL OFFICER			DATE		27A. JU	27A. JUDGE/MAG.	
TIVENT	27. SIGNATURE OF PRESIDING JU	SIGNE OF FIGER				000	IDE WING.		
ALLENOVED FINANCIAL	27. SIGNATURE OF PRESIDING JU	OT OF ASSASSASSASSASSASSASSASSASSASSASSASSASS					CC	DDE WIAG.	
FOD DAYMENT	22. IN COURT COMP. \$ 27. SIGNATURE OF PRESIDING JU 28. SIGNATURE OF CHIEF JUDGE.	, CT. OF APPEALS (OR DELE	EGATE)		DATE		29. TOT	AL AMT.	

	pates district court $FILED$
UNITED STATES OF AMERICA, Plaintiff,	APR 13 1992 Richard M. Lawrence, Clerk U.S. DISTRICT COURT
vs.	No. 89-CR-083-005-E
DAVID ROYSE LADD,	
Defendant.))

ORDER

The Court has for its consideration defendant's application to reschedule the hearing set on a Petition on ("Petition"). The Petition is currently set to be heard on April 14, 1992, at 1:00 p.m. Upon consideration of the Application, the lack of objection by the government, and for good cause shown, it is hereby ordered that the April 14 hearing is stricken and rescheduled for $\frac{May/3}{2}$, 1992, at $\frac{9:00}{2}$ $\frac{A}{2}$.m. DATED this $\frac{13}{2}$ day of April, 1992.



A A

	TATES DISTRICT COURTS DISTRICT OF OKLAHOMA 0 1992
UNITED STATES OF AMERICA, Plaintiff,	RICHARD M. LAWRENCE U.S. DISTRICT COURT NORTHERN DISTRICT OF OK
vs.	No. 89-CR-083-005-E
DAVID ROYSE LADD,))
Defendant.	,)

APPLICATION TO RESCHEDULE HEARING

Defendant, David Royse Ladd, hereby respectfully requests that the hearing on the Petition on Probation, currently scheduled for April 14, 1992, at 1:00 p.m., be rescheduled. In support of this Application, Ladd states:

- 1. The undersigned counsel was appointed by the Court to represent Mr. Ladd on Thursday, April 2, 1992.
- 2. Additional time is necessary to obtain and review the papers relating to these proceedings, and to confer with Mr. Ladd in connection with the alleged parole violations.
- 3. Moreover, counsel is committed to be out of state on April 13 and 14 in connection with discovery obligations in another case pending in this Court (Bizjet International Sales & Support, Inc. v. Pratt and Whitney Canada, Inc., et al., United States District Court for the Northern District of Oklahoma, Case No. 91-C-904-B).
- 4. The representative of the United States Probation Office assigned to this matter, Mr. Scott Kallenberger, has informed defendant's counsel that the Petition on Probation will likely be

0

amended to include additional alleged parole violations. Therefore, the current setting would be premature should an amended petition be filed shortly, as expected.

5. Neither Mr. Kallenberger nor the government has any objection to rescheduling this hearing.

WHEREFORE, defendant David Royse Ladd respectfully requests that this Court reschedule the hearing on the Petition for Probation, currently set for April 14, 1992, at 1:00 p.m. Defendant requests that the hearing be scheduled at least thirty (30) days hence so that Mr. Ladd (who resides in Ohio) will have ample time to make travel arrangements, and so that defendant and his counsel will have the opportunity to fully explore the allegations which are the subject of the petition.

Respectfully submitted,

John E. Dowdell, OBA #2460

NORMAN & WOHLGEMUTH

2900 Mid-Continent Tower Tulsa, Oklahoma 74103

(918) 583-7571

Attorney for Defendant, David Royse Ladd

CERTIFICATE OF MAILING

I hereby certify that on this 10th day of April, 1992, I mailed a true and correct copy of the above and foregoing instrument to:

Scott Kallenberger United States Probation Officer United States Courthouse 333 West Fourth Street Tulsa, Oklahoma 74101

John S. Morgan Assistant United States Attorney 3600 Federal Courthouse 333 West Fourth Street Tulsa, Oklahoma 74103

by depositing said copy in the United States Mail, with proper postage thereon prepaid.

ohn E. Dowdell

FILED

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA RICHADD H. LAWRENCE UNITED STATES OF AMERICA, U.S. DISTRICT COURT NORTHERN DISTRICT OF CK Plaintiff, Case No. 89-CR-83-05-E v. DAVID ROYCE LADD Defendant, ORDER APPOINTING COUNSEL On March 30, 1992, the above-named completed an affidavit as to financial ability to employ counsel, and upon review, the Court finds that the affiant is financially unable to obtain counsel. In accordance with the Northern District of Oklahoma Plan for Implementing the Criminal Justice Act of 1984, IT IS HEREBY ORDERED that the: Federal Public Defender is appointed to represent the above-named defendant in all further proceedings unless and until relieved by order of the Court. Federal Public Defender shall forthwith furnish the name(s) of a private attorney or attorneys, as necessary, for appointment to represent the above-named defendant. Defendant will reimburse the government reasonable cost of providing representation in accordance with his/her ability to pay as determined by further order of the Court. Federal Public Defender is temporarily appointed to represent the above-named defendant for purposes of initial appearance only.

Dated this 30TH day of MARCH , 1992.

UNITED STATES MAGISTRATE JUDGE

both, (18 USC 1001).

APPOINTMENT OF COUNSEL UNDER THE CRIMINAL JUSTICE ACT

UNITED STATES DISTRICT COURT

for the

Northern Distri	ict of Oklahoma
Pert of Ohio	Register NoU.S. Court Docket No. 89-CR-083-005-E IN THE MATTER OF STATEMENT OF
	KARAKANAKKAKKAKAMIKANAKAKAK NOITABORG
	MANDATORY RELEASEE CONCERNING L UNDER THE CRIMINAL JUSTICE ACT
my rights as set forth in the attached copy of the (Summons to Appear) understand that I may a counsel to assist or represent me in this matter representation by counsel will be furnished to mobtain attorney representation; Pursuant to such notification concerning app	, having been fully advised of the charges against me and of (Notice of Pending Dispositional Review) (Warrant Application) apply to the United States District Court for appointment of before the United States Parole Commission, and that such he if the judicial officer determines I am financially unable to ointment of counsel, do not wish to apply to the District Court for appointment
2. A but I d and in connection with this application I state	to hereby apply to the District Court for appointment of counsel as follows concerning my financial condition: Employed Unemployed
If employed, state weekly income	\$ \$ \$
	I certify the above to be correct! Constitute of Applicant)
Witness: Witness: (Signature and Title)	90_
DATE: 3-16-92	
A false or dishonest answer to a question in this	s application may be punishable by fine or imprisonment or

(PROB 12) (MOD 06/91)

UNITED STATES DISTRICT COURT

FILED

for

MAR 9 1992

NORTHERN DISTRICT OF OKLAHOMA

Richard M. Lawrence, Clerk U.S. DISTRICT COURT

U.S.A. vs. Ladd, David Royce

Docket No. <u>89-CR083-05-E</u>

Petition on Probation

COMES NOW Mr. Henry Serna PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of Ladd, David Royce who was placed on supervision by The Honorable James O. Ellison sitting in the court at Tulsa, Oklahoma, on the 15th day of May, 19 90 who fixed the period of Probation supervision at 5 years, and imposed the general terms and conditions of Probation theretofore adopted by the court and also imposed special conditions and terms as follows:

The offender participate in a program for the treatment of substance abuse at the discretion of the U. S. Probation Office.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

Since the Violation Report dated 01/16/92, we have received documentation that Mr. Ladd has continued to abuse marijuana. Mr. Ladd provided urines on 01/10/92 (certified by PharmChem 01/17/92) 01/13/92 (certified 01/22/92), 01/14/92 (certified 01/22/92), 01/17/92 (certified 01/24/92), 01/21/92 (certified 01/28/92), 01/24/92 (certified 01/30/92) and 02/07/92 (certified 02/13/92) which tested positive for the presence of marijuana.

PRAYING THAT THE COURT WILL ORDER a summons.

ORDER OF COURT

Considered and ordered this 6 day of Much.

19 22 and ordered filed and made a part

of the records in the above case.

U.S. DISTRICT JUDGE

Respectfully.

Mr. Henry Serna

U.S. Probation Officer

Place Cleveland, Ohio

Date February 19, 1992

ARAPAS

89-4-83-01-E

US A M. Loran Eugene Hall, Sr.

Pldg # 99

Ordered Sealed in Vault

I also minute sheet from 7/2/91

FIDED

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA,	Jack C. Silver, Clerk U.S. DISTRICT COURT
Plaintiff,	
vs.	Criminal No. 89-CR-83-01-E
LORAN EUGENE HALL, SR.,)) OBA #1256
Defendant.) OBA #1230)

MOTION TO SUBSTITUTE COUNSEL FOR SENTENCING AND BRIEF IN SUPPORT

COMES NOW the defendant, LORAN EUGENE HALL, SR., by and through his attorney of record, Paul D. Brunton, and requests this Court to allow the substitution of counsel at the defendant's sentencing on July 2, 1991.

Defendant's counsel of record, Paul D. Brunton represents to the court that he will be unavailable for the sentencing of Loran E. Hall, Sr. on July 2, 1991. Counsel has contacted the defendant in Wichita, Kansas who has indicated that he has no objection to the substitution of William E. Erickson for Paul D. Brunton. Counsel has further contacted A.U.S.A., Jack Morgan who indicates that he has no objection to the substitution of counsel as referenced above.

WHEREFORE the defendant respectfully requests that the Court grant the defendant's request for substitution for counsel at the sentencing now set for July 2, 1991.

Respectfully submitted.

Paul D. Brunton

OBA NO. 1256

Attorney for Defendant

LORAN EUGENE HALL, SR.

1310 South Denver Avenue Tulsa, Oklahoma 74119

(918) 582-1993

0,8

CERTIFICATE OF DELIVERY

I hereby certify that on this day of	, 1991, a true and correct copy of
the above and foregoing Motion for Substitution of Morgan, United State's Attorney's office, 3600 U.S	f Counsel, was delivered to A U.S. A. Tack

PAUL D. BRUNTON

JUL 2 1991 O

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

Jack C. Silver, Clerk U.S. DISTRICT COURT

UNITED STATES OF AMERICA,)
Plaintiff,)
vs.	Criminal No. 89-CR-83-01-E
LORAN EUGENE HALL, SR.,)))
Defendant.) OBA #1256

ORDER ALLOWING SUBSTITUTION OF COUNSEL

NOW on this <u>a</u> day of <u>ful</u>, 1991 having read the defendant's motion for substitution of counsel and brief in support, orders that same should be granted.

IT IS THEREFORE ORDERED ADJUDGED AND AGREED that Paul D. Brunton's appearance will be substituted by that of William E. Erickson for the defendant, Loran E. Hall, Sr.'s sentencing before the Court on July 2, 1991.

JUDGE OF THE DISTRICT COURT

PROVES: THIS ORDER IS TO BE MAILED
BY MOVANT TO ALL COUNSEL AND
PRO SELITIGANTS IMMEDIATELY.
UPON RECEIPT.

d

UNITED STATE	S DISTR	ICT COURT FOR THE
NORTHERN	DISTRI	CT OF OKLAHOMA
		FILED
UNITED STATES OF AMERICA,)	
)	JUI - 1 - 15
Plaintiff,)	JUL - 1 1991 D
)	U.S. DISTRICT COURT
VS.)	U.S. DISTRIVER CLOSE
)	Triot Court
LOREN EUGENE HALL, SR.)	TOURT
*)	
Defendant.)	No. 89-CR-83-01-E

SUBSTANTIAL ASSISTANCE MOTION

Comes now the government and advises the Court that the above defendant pleaded guilty herein on the 11th day of February, 1991. His sentencing is currently scheduled for July 2, 1991 at 1:00 p.m.

This defendant, Loren Eugene Hall, Sr. has made a good faith effort to provide substantial assistance in the investigation and/or prosecution of other persons who have committed federal offenses.

Pursuant to the provisions of the Sentencing Guidelines \$5K1.1, the government moves for the Court to depart from the guidelines to grant this defendant an appropriate reduction in sentence.

Reasons for the Court to consider such a downward departure, is the conduct of the defendant, which conduct, for

JP S

96

security reasons, should be presented <u>in camera</u>, to the Court at time of sentencing, or any other time so ordered.

Respectfully submitted,

TONY M. GRAHAM United States Attorney

HOHN S. MORGAN

Assistant United States Attorney 3600 U.S. Courthouse 333 West Fourth Street Tulsa, Oklahoma 74013

CERTIFICATE OF SERVICE

This is to certify that on the ____ day of July, 1991, a true and correct copy of the foregoing was mailed, postage prepaid thereon, to: Paul Brunton, Esq., 1310 S. Denver, Tulsa, Oklahoma 74119.

ssistant United States Attorney

JSM:vjg

RE: LADD, David Royse 89-CR-083-005-E

United States District Court

FILED

Northern

District _

Ohio

JUN 1 3 1991

NORTHERN DISTRICT OF OKLAHOMA

Jack C. Silver, Clerk U.S. DISTRICT COURT

Waiver of Hearing to Modify Conditions
of Probation/Supervised Release or Extend Term of Supervision

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Probation and Supervised Release or to the proposed extension of my term of supervision:

- 1) "You shall reside in and participate in a program of residential drug treatment facility, as instructed by the U. S. Probation Office until discharged by the director."
- 2) "That the defendant participate in mental health counseling at the discretion of the U. S. Probation Office."

Witnessa

Probation Officer

Signed:

Probationer or Supervised Releasee

5-30-9

Date



PROB 12 (Rev. 4/90)

JUN 1 2 1991 At

UNITED STATES DISTRICT COURT

Jack C. Silver, Clerk U.S. DISTRICT COURT

NORTHERN DISTRICT OF OKLAHOMA

U.S.A. vs. David Royse Ladd

DOCKET NO. 89-CR-083-005-E

PETITION ON PROBATION AND SUPERVISED RELEASE

COMES NOW Scott Kallenberger PROBATION OFFICER OF THE COURT presenting an official report upon the conduct and attitude of David Royse Ladd who was placed on supervision by the Honorable James O. Ellison sitting in the court at Tulsa, Oklahoma, on the 15th day of May, 1990, who fixed the period of supervision at five years probation, and imposed the general terms and conditions theretofore adopted by the court and also imposed special conditions and terms as follows:

You shall submit to urinalysis as directed by the U.S. Probation Office.

You shall not possess a firearm or other dangerous weapon without permission of the U.S. Probation Office.

You shall participate in a program for the treatment of substance abuse at the discretion of the U.S. Probation Office.

RESPECTFULLY PRESENTING PETITION FOR ACTION OF COURT FOR CAUSE AS FOLLOWS:

Since July, 1990, Ladd has been monitored under courtesy supervision by the Northern District of Ohio. Ladd has not responded well to supervision efforts to assist him with his drug dependency problem. Urinalysis administered on March 16, 1991, returned positive for Benzodiazepines. Urinalysis taken on April 22, 1991, tested positive for Codeine and Morphine. A formal evaluation and assessment conducted by the Quest Recovery Services Program in Canton, Ohio, on May 15, 1991, determined that intensive out patient care would be ineffective in Ladd's case. Residential treatment was recommended.

PRAYING THAT THE COURT WILL ORDER that the conditions of supervision be modified to include the following additional conditions:

You shall reside in and actively participate in a program of residential drug treatment, as directed by the U. S. Probation Office until discharged by the director.

c/Preb.

Cy

You shall participate in mental health counseling at the discretion of the U.S. Probation Office.

ORDER OF COURT

Considered and ordered this day of <u>June</u> 1991 and ordered filed and made a part of the records in the above case.

James O. Ellison
U. S. District Judge

Respectfully,

Scott Kallenberger, Senior U.S. Probation Officer

Place <u>Tulsa, Oklahoma</u>

Date <u>June 11, 1991</u>

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

MAY 2 9 1991 OUT

UNITED STATES OF AMERICA,	U.S. DISTRICT COURT
Plaintiff,	
vs.	Criminal No. 89-CR-83-001-E
LORAN EUGENE HALL, SR.,	/)) OBA #1256
Defendant.) OBA #1230

ORDER

NOW, on this 29 day of _______, 1991, this Court having read the defendant's Application for Continuance hereby acknowledges the facts as stated and grants this continuance.

The defendant's sentencing now set for May 30, 1991, at 1:00 p.m. is hereby re-scheduled for the 2^{n} day of 991, at 1:00 p.M.

JUDGE JAMES O. ELLISION UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF OKLAHOMA

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

R MAY 2 9 1951 64

UNITED STATES OF AMERICA	Jack C. Silver, Clerk U.S. DISTRICT COURT
Plaintiff, vs.	No. 89-CR-83-001-E
LORAN E. HALL SR.) OBA# 1256
Defendant.)

APPLICATION FOR CONTINUANCE

COMES NOW the defendant by and through his attorney Paul D. Brunton and request this honorable court to continue the sentencing of Loran E. Hall, Sr. now set for May 30, 1991, at 1:00 p.m. Federal authorities in Wichita, Kansas are in still in the process of verifying information provided by Mr. Hall, and further time is needed for this purpose.

A.U.S.A. Jack Morgan has no objection to the continuance of this matter.

THEREFORE counsel for the defendant requests this Honorable Court to continue the defendant's sentencing now set for May 30, 1991, at 1:00 p.m. for approximately 30 days.

PAUL D. BRUNTON
WILLIAM E. ERICKSON
Attorney for Defendant

OBA# 1256 OBA#13102

LORAN E. HALL SR. 1310 South Denver Avenue Tulsa, Oklahoma 74119 (918) 582-1993

CERTIFICATE OF DELIVERY

Now on this Iday of May, 1991, the defendant delivered a true and correct copy of the above and foregoing Application for Continuance to A. U. S. A. Jack Morgan, 333 West Fourth Street, Tulsa, Oklahoma 74103.

Paul D. Brunton

William E. Erickson

5

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

APR 2 5 1991

Jack C. Silver, Clerk U.S. DISTRICT COURT

UNITED STATES OF AMERICA,	U.S. DISTRIC
Plaintiff,)
VS.) Criminal No. 89-CR-83-001-E
LORAN EUGENE HALL, SR.,)))
Defendant.) OBA #1256)

ORDER

NOW, on this <u>35</u> day of <u>Opril</u>, 1991, this Court having read the defendant's Application for Continuance hereby acknowledges the facts as stated and grants this continuance.

The defendant's sentencing now set for April 29, 1991, at 1:15 p.m. is hereby re-scheduled for the 30^{4} day of 991, at 991, at

JUDGE JAMES O. ELLISION
UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF OKLAHOMA

X

IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF OKLAHOMA

UNITED STATES OF AMERICA)		770
Plaintiff,)	No. 89-CR-83-0	FILED
VS.	(NO. 69-CR-63-0	APR 2 5 1991 Co
LORAN E. HALL SR.	į	OBA# 1256	
Defendant.)		Jack C. Silver, Clerk U.S. DISTRICT COURT

APPLICATION FOR CONTINUANCE

COMES NOW the defendant by and through his attorney Paul D. Brunton and request this honorable court to continue the sentencing of Loran E. Hall, Sr. now set for April 29, 1991, at 1:15 p.m. Federal authorities in Wichita, Kansas are in the process of verifying information, as agreed to be provided between the defendant and the government. Federal authorities in Wichita suggest 30 days should allow time to verify the information given by the defendant.

A.U.S.A. Jack Morgan has no objection to the continuance of this matter.

THEREFORE counsel for the defendant requests this Honorable Court to continue the defendant's sentencing now set for April 29, 1991, at 1:15 p.m. for approximately 30 days.

PAUL D. BRUNTON
WILLIAM E. ERICKSON
Attorney for Defendant

OBA# 1256

OBA#13102

LORAN E. HALL SR. 1310 South Denver Avenue Tulsa, Oklahoma 74119

(918) 582-1993

CERTIFICATE OF DELIVERY

Now on this day of 1991, the defendant delivered a true and correct copy of the above and foregoing Application for Continuance to A. U. S. A. Jack Morgan, 333 West Fourth Street, Tulsa, Oklahoma 74103.

Paul D. Brunton

William E. Erickson